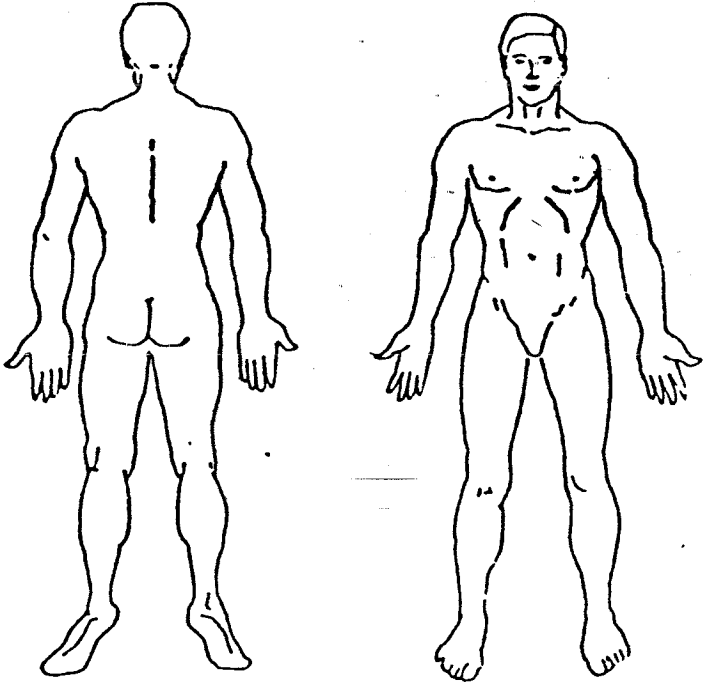


EMERGENCY

TREATMENT RECORD

(OTHER)

DATE 10-12-91	TIME 6:15 AM PM	FACILITY Ventress	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKDA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP _____ ORAL _____ RECTAL _____ RESP _____ PULSE _____ B/P _____		RECHECK IF SYSTOLIC _____ <100 >50		
NATURE OF INJURY OR ILLNESS S. My eye hurts feels like something in it.		ABRASION///	CONTUSION #	BURN <sup>xx</sup> <sub>xx</sub>
		FRACTURE <sup>Z</sup> <sub>Z</sub>		LACERATION/ SUTURES
PHYSICAL EXAMINATION O. (R) eye red & watering				
A. % eye pain				
ORDERS, MEDICATION, etc. P. Eye irrigated & eye irrigation solution. Instructed to hold cold cloth to eye for awhile				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT Return to HCU as needed				
RELEASE/TRANSFER DATE 10/12/91	TIME 6:24 AM PM	RELEASE/TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Richardson	DATE 10/12/91	PHYSICIAN'S SIGNATURE Wm. G. L.	DATE 10/15/91	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) Gould Jeffery		AGE	DATE OF BIRTH 11/16/63	R/S w/m AIS # 140977

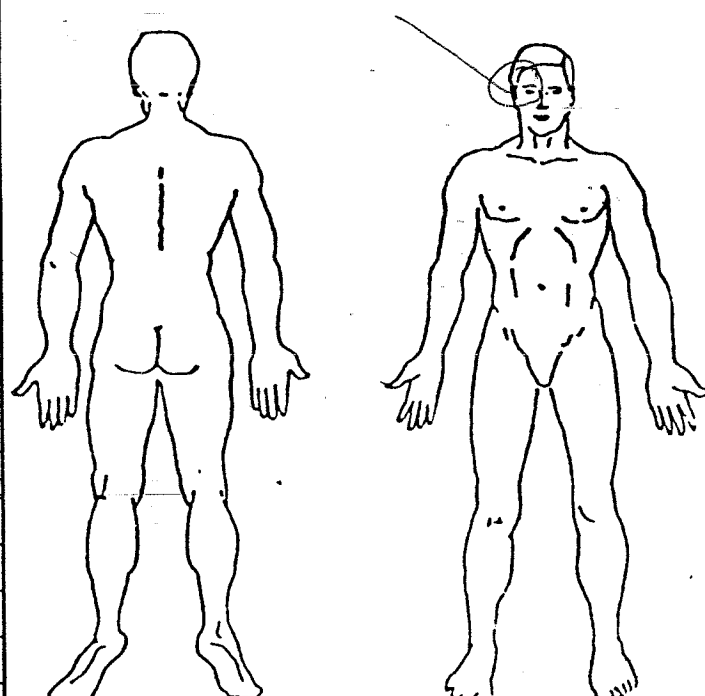
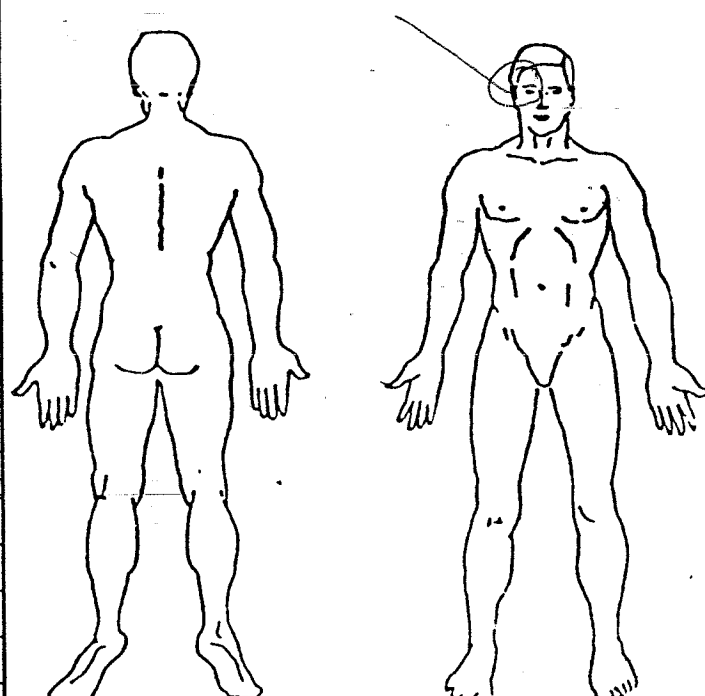
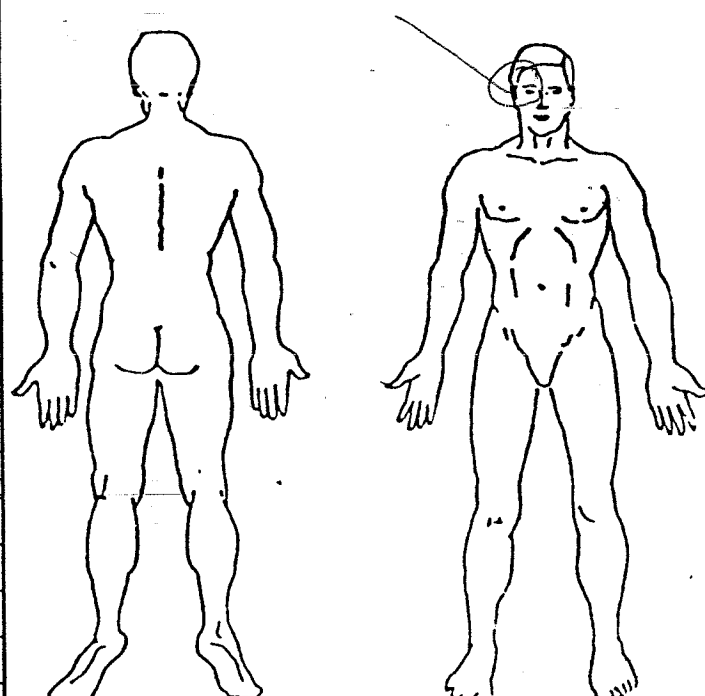
## CORRECTIONAL HEALTH CARE

EMERGEN

(OTHER)

TREATMENT

RECORD

DATE 10-7-91		TIME 4:10 PM		FACILITY <u>VC F</u>		<input type="checkbox"/> EMERGENCY											
				<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input checked="" type="checkbox"/> OTHER											
ALLERGIES <u>NKA</u>				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA													
VITAL SIGNS: TEMP _____ ORAL RECTAL _____ RESP _____ PULSE _____ B/P <u>1</u>				RECHECK IF SYSTOLIC _____ <100> 50													
NATURE OF INJURY OR ILLNESS <u>S"- I was mowing a garden &amp; guide</u> <u>at work and I got something</u> <u>in my eye. It happened less</u> <u>than an hour ago. It is</u> <u>my @ eye."</u> <u>O. % something in @ eye</u> <u>X U X X X</u>				<table border="1"> <tr> <td>ABRAISION///</td> <td>CONTUSION #</td> <td>BURN <sup>XX</sup> <sub>XX</sub></td> <td>FRACTURE <sup>Z</sup> <sub>Z</sub></td> <td>LACERATION/ SUTURES</td> </tr> <tr> <td colspan="5">  </td> </tr> </table>				ABRAISION///	CONTUSION #	BURN <sup>XX</sup> <sub>XX</sub>	FRACTURE <sup>Z</sup> <sub>Z</sub>	LACERATION/ SUTURES					
ABRAISION///	CONTUSION #	BURN <sup>XX</sup> <sub>XX</sub>	FRACTURE <sup>Z</sup> <sub>Z</sub>	LACERATION/ SUTURES													
																	
PHYSICAL EXAMINATION <u>A- @ eye red - nothing can be</u> <u>seen in eye</u> <u>P- eye irrigated @ eye solution</u> <u>within 400mg TID X 3d.; TAD</u> <u>drop TID X 3d.</u> <u>X X X X</u>																	
ORDERS, MEDICATION, etc. <u>Matin 400mg TID X 3d.; TAD <sup>eye</sup> drop TID X 3d.</u> <u>X X X X</u>																	
DIAGNOSIS _____																	
INSTRUCTIONS TO PATIENT <u>sign up for sick call if eye continues to hurt</u>																	
RELEASE/TRANSFER DATE 10 17 191		TIME 4:20 PM		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL											
NURSE'S SIGNATURE <u>MBenefield</u>		DATE 10/7/91		PHYSICIAN'S SIGNATURE <u>W. M. ...</u>		DATE 10/8/91											
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Gould, Jeffrey</u>		AGE 27		DATE OF BIRTH 11 16 1963		R/S <u>W</u>											
						AIS # 140977											

# CORRECTIONAL HEALTH CARE

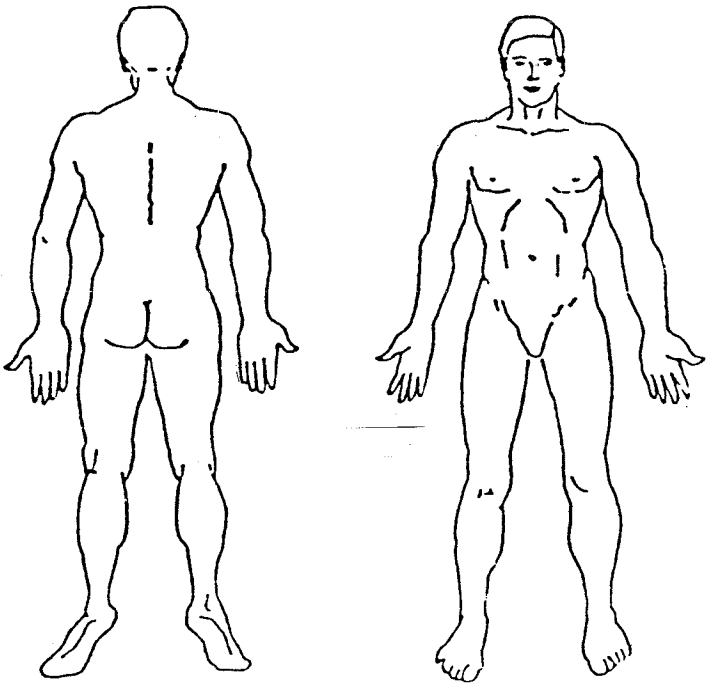
## EMERGENCY Non-Scheduled TREATMENT RECORD

(OTHER)

DATE <u>9/13/91</u>		TIME <u>8:20</u> <u>AM</u> <u>PM</u>		FACILITY <u>VCF</u>		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>98.4</u> <u>ORAL</u> <u>RECTAL</u>				RESP <u>20</u>		PULSE <u>84</u> B/P <u>120/70</u>	
NATURE OF INJURY OR ILLNESS <u>S. I got diarrhea. I been to bathroom with bowel movements 3 times today its a lot of water.</u>				ABRASION///		CONTUSION #	
				BURN <u>xx</u> <u>xx</u>		FRACTURE <u>Z</u> <u>Z</u>	
PHYSICAL EXAMINATION <u>O. W/ skin w/d to touch - wet and oriented - skin turgor good</u> <u>% of passing watery stools X3 this A.M. No % Nausea @ this time.</u> <u>A. % diarrhea loose watery stools X3 this A.M.</u> <u>P. Will treat and release</u>							
DIAGNOSIS <u>V</u>							
INSTRUCTIONS TO PATIENT <u>If cond. from worsens may return to infirmary</u>							
RELEASE/TRANSFER DATE <u>9/13/91</u>		TIME <u>8:20</u> <u>AM</u> <u>PM</u>		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>P. Ford</u>		DATE <u>9/13/91</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u>		DATE <u>9/14/91</u>	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Gould, Jeffery</u>				AGE <u>27</u>		DATE OF BIRTH <u>11/6/63</u>	
				R/S <u>W/A</u>		AIS # <u>140977</u>	

## CORRECTIONAL HEALTH CARE

EMERGENCY / (OTHER) TREATMENT RECORD

DATE 7-25-91	TIME 3:40	FACILITY KCF	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 103.4		<input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RECTAL	RESP.	PULSE _____ B/P _____ RECHECK IF SYSTOLIC _____ <100 >50
NATURE OF INJURY OR ILLNESS		ABRASION///	CONTUSION #	BURN <sup>xx</sup> / <sub>xx</sub> FRACTURE <sup>Z</sup> / <sub>Z</sub>
S - I have been doing some coughing and at night I do a lot of sweating and chills and my fever goes up. D - 90 fever; cough X X X X X				
PHYSICAL EXAMINATION				
A. T. 103.4 oral, coughing, hoarse. P. will push fluids, give antibiotics, & Tylenol. will keep in infirmary until seen by MD tonight. X X X X X				
ORDERS, MEDICATION, etc.				
push fluids; Kepron 250mg BID X 10 days Tylenol. X X X X X				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
Go see MD tonight				
RELEASE/TRANSFER DATE	TIME	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE	
7/25/91	3:55 PM	7-25-91	<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input checked="" type="checkbox"/> Airway	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
M. Benefield Jr	7/25/91	W. M. Kahn	7/25/91	1
PATIENT'S NAME (LAST, FIRST, MIDDLE)		AGE	DATE OF BIRTH	R/S W/M
Gould, Jeffrey		27	11/16/63	AIS # 140977

## RELEASE FROM LIABILITY

CORRECTIONAL HEALTH CARE, INC.

DATE

7-28-91

TIME

9 30

A.M.  
P.M.This is to certify that I, Donald Jeffery,AIS # 140977, of the VentressFacility, am requesting to be dischargedfrom Health Care Unit.

against the advise of the attending physician and of the administration. I acknowledge that I have been informed of and understand the risk(s) involved and hereby release the attending physician, Correctional Health Care, Inc., its officers, employees, and agents from any liability or responsibility for any injury or damage which I may suffer because of this decision.

When necessary, insert brief explanation of what inmate was told.

Done this 28<sup>th</sup> day of July, 1991.

Witness

Stephen

Witness

Signature of Inmate

140977



**CORRECTIONAL HEALTH CARE**  
**IN-PATIENT MEDICAL RECORD**  
**PROGRESS NOTES**

DATE \_\_\_\_\_

7-28-91	S. Awakened while working to another inmate line outside. Not answering when spoken to.
8 <sup>00</sup> AM	O- No distress noted appears unhappy because of being awakened. No distress noted or other signs of distress. T.P. P. Will cont to observe Stephens & S.
9 <sup>10</sup> AM	S- Inmate requesting to go on walk yard. O- No problems noted. P. Officer to contact Shift Commander.
9 <sup>30</sup>	Inmate requesting to sign Release of Liability and have ACM. Release Signed inmate released to population. C. Stephens & S.

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	DOB
Donald Jeffery	140977	27	W/M	11-6-63

# CORRECTIONAL HEALTH CARE IN-PATIENT MEDICAL RECORD PROGRESS NOTES

DATE

7/27/91 7:30 S. I'm feeling better this Morning  
O. Up walking around @ present time  
no c/o's voiced. no distress noted.  
A. Cold sx.  
P. Will continue to observe. — P. Richardson <sup>Sen</sup>

7/27/91 10:30 AM S. I'm feeling some better.  
O. W/m lying on back on back-skin warm  
st dry to the touch & occasional cough noted  
non-productive — no ~~other~~ other c/o voiced @  
this time  
A. Cold SX:  
P. Will continue to observe — P. Jordan

7/27/91 2 PM S. No verbal response  
O. W/m lying on bed on R side & eyes closed  
Respirations easy and adequate. No apparent  
distress noted.  
A. Cold SX:

P. Will continue to observe — P. Jordan  
7/27/91 3:15 PM O. V/S BP 110/70 T-98.2 oral P-78 R-20 inmate requested  
to go out on yard for awhile Officer Miller says shift  
commander was notified and inmate was not to go out  
on yard <sup>except</sup> per orders of shift commander. — P. Jordan

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	DOB
Goold Jeffery	140977	27	W/m	11/04/63

# CORRECTIONAL HEALTH CARE IN-PATIENT MEDICAL RECORD PROGRESS NOTES

DATE	
7/26/91	Continued 10:30 pm A. C/o Cold Sx. P. Will continue to observe → P. Jordan
7/26/91	12:00 ~ S. "I'm feeling a little better". O. "I'm sitting up on side of bed skin warm & dry to touch pink in color. Consumed less than 10% of lunch from tray. No other C/o voiced @ this time A. Cold Sx. P. Will continue to observe → P. Jordan
7/26/91	3 PM S. "I don't feel so good but not as bad as I did". O. "I'm lying on back on CD side → skin warm & dry to the touch → pink in color No <del>other</del> other voiced C/o → 1/5 Bp 110/70 P-88 R-20 T-100.8 oral. → orange juice 6 oz given & encouraged inmate to drink P.O. fluids. <del>inmate</del> <sup>oral</sup> Tylenol given P.O. given for temp. A. Cold Sx. P. Will continue to observe → P. Jordan
7/26/91	5:30 pm O. Temp ✓ 100.6 oral. encouraged inmate to drink P.O. fluids → P. Jordan 5:30 pm O. Consumed 20% of P.M. Meal. → P. Jordan

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	DOB
Gould, Jeffery	140977	27	W/M	11/6/63



# CORRECTIONAL HEALTH CARE

## IN-PATIENT MEDICAL RECORD

### PROGRESS NOTES

DATE

7-25-91 4:15 PM - I inmate placed in infirmary - T 103.4 -  
will give antibiotics, Tylenal and push  
fluids until seen by MD tonight -  
M Benfield Jr

4:30 - Consumed <sup>25%</sup> food served - M Benfield Jr

5: P. - 8oz juice consumed.

7 P. S: "I am feeling better - my throat is  
crazy."  
O - walking around bed - no acute distress noted.  
D. T 97.6 - face flushed - ate <sup>error</sup> 25% supper  
A - No cold sympt.  
P - will continue to observe - M Benfield Jr

7:30 P I - aroused inmate for recheck of temperature.  
T. 98.2 <sup>error</sup> ~~no~~ will continue to observe. M Benfield Jr

9 P. S: "I am feeling better than I was"  
O - lying in bed.  
A - No cold symptoms  
P - MD in to visit - continue medications.  
will continue to observe - inmate  
is sweating and cool - M Benfield Jr

10:30 P - inmate lying in bed - no distress  
noted - will continue to observe and  
report to oncoming shift - M Benfield Jr

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Yould, Geoffrey	140977	27	W/M	H-6-63

DOC N610  
09/87

## ALABAMA DEPARTMENT OF CORRECTIONS

## RECEIVING SCREENING FORM

w/140977

INMATES NAME: Gould, Jeffery DATE: 6/4/91 TIME: 11:05 AMDOB: 11/6/63 OFFICER: Don Little COT INSTITUTION: VCFBOOKING OFFICERS VISUAL OPINION

Yes No

- |  | Yes           | No            |
|--|---------------|---------------|
| 1. Is the Inmate Conscious ?   | <u>Yes</u>    | <u>      </u> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services ?                       | <u>      </u> | <u>✓</u>      |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care ?                                   | <u>      </u> | <u>✓</u>      |
| 4. Any obvious fever, swollen lymphnodes, jaundice, or other evidence of infection which might spread through the institution ?        | <u>      </u> | <u>✓</u>      |
| 5. Is the skin in poor condition or show signs of vermin or rashes ?   | <u>      </u> | <u>✓</u>      |
| 6. Does the inmate appear to be under the influence of Alcohol, or Drugs ?   | <u>      </u> | <u>✓</u>      |
| 7. Are there any visible signs of Alcohol or Drug withdrawal ?<br>(Extreme perspiration, shakes, nausea, pinpoint pupils etc)          | <u>      </u> | <u>✓</u>      |
| 8. Is the inmate making any verbal threats to staff or other inmates ?   | <u>      </u> | <u>✓</u>      |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available ? | <u>      </u> | <u>✓</u>      |
| 10. Does the inmate have any obvious physical handicaps ?  | <u>      </u> | <u>✓</u>      |

IF THE ANSWER IS YES TO ANY QUESTIONS FROM 2 to 10 ABOVE - SPECIFY WHY IN SECTION BELOW

- |   |               |          |
|---|---------------|----------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <u>      </u> | <u>✓</u> |
| 12. Are you on any special diet prescribed by a physician ?<br>(if yes - what type ? )  | <u>      </u> | <u>✓</u> |
| 13. Do you have a history of venereal disease or abnormal discharge ?   | <u>      </u> | <u>✓</u> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness ?  | <u>      </u> | <u>✓</u> |
| 15. Have you ever attempted suicide ?<br>(If yes - When ? _____ How ? _____)  | <u>      </u> | <u>✓</u> |
| 16. Do you want to do any harm to yourself now ?  | <u>      </u> | <u>✓</u> |

## ALABAMA DEPARTMENT OF CORRECTIONS

## RECEIVING SCREENING FORM

INMATE'S NAME: Jeffrey Gould DATE: 4/15/91 TIME: 11:10 am  
 DOB: 11/6/63 OFFICER: W. Terry INSTITUTION: EC7

## LOOKING OFFICERS VISUAL OPINION

- |   | Yes        | No        |
|---|------------|-----------|
| 1. Is the Inmate Conscious ?  | <u>Yes</u> | <u>No</u> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services ?                                      | <u>Yes</u> | <u>No</u> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care ?  | <u>—</u>   | <u>✓</u>  |
| 4. Any obvious fever, swollen lymphnodes, jaundice, or other evidence of infection which might spread through the institution ?                       | <u>—</u>   | <u>✓</u>  |
| 5. Is the skin in poor condition or show signs of vermin or rashes ?  | <u>—</u>   | <u>✓</u>  |
| 6. Does the inmate appear to be under the influence of Alcohol, or Drugs ?  | <u>—</u>   | <u>✓</u>  |
| 7. Are there any visible signs of Alcohol or Drug withdrawal ? (Extreme perspiration, shakes, nausea, pinpoint pupils etc)                            | <u>—</u>   | <u>✓</u>  |
| 8. Is the inmate making any verbal threats to staff or other inmates ?  | <u>—</u>   | <u>✓</u>  |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available ?                | <u>—</u>   | <u>✓</u>  |
| 10. Does the inmate have any obvious physical handicaps ?   | <u>—</u>   | <u>✓</u>  |
| IF THE ANSWER IS YES TO ANY QUESTIONS FROM 2 TO 10 ABOVE - SPECIFY WHY IN SECTION 11.   |            |           |
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <u>—</u>   | <u>✓</u>  |
| 12. Are you on any special diet prescribed by a physician ? (If yes - what type ?)  | <u>—</u>   | <u>✓</u>  |
| 13. Do you have a history of venereal disease or abnormal discharge ?   | <u>—</u>   | <u>✓</u>  |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness ?  | <u>—</u>   | <u>✓</u>  |
| 15. Have you ever attempted suicide ? (If yes - when ? _____ how ? _____)   | <u>—</u>   | <u>✓</u>  |
| 16. Do you want to do any harm to yourself now ?  | <u>—</u>   | <u>✓</u>  |

DOC N610  
09/87

## ALABAMA DEPARTMENT OF CORRECTIONS

## RECEIVING SCREENING FORM

INMATES NAME: Gould, Jeffery DATE: 3/7/91 TIME: 10:28 AM.  
 DOB: 11/6/43 OFFICER: Wanda Miller INSTITUTION: 140977 W/M

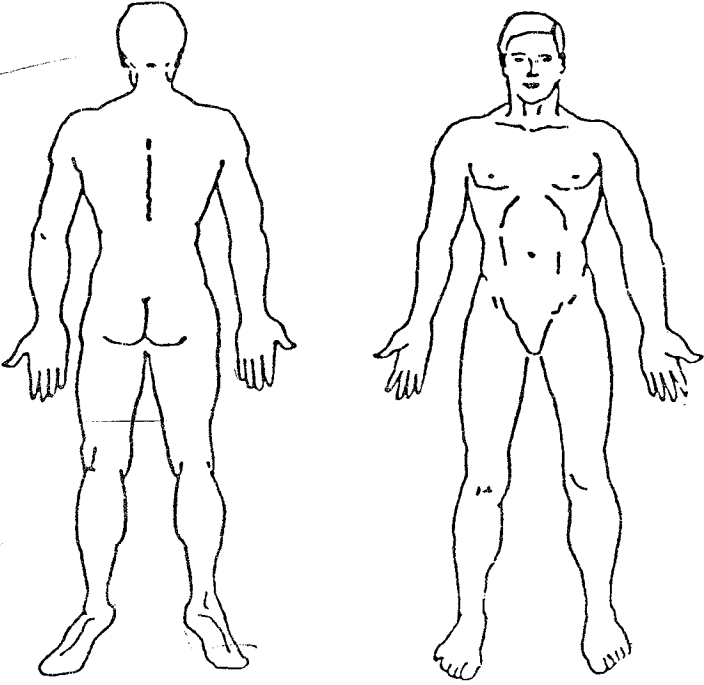
BOOKING OFFICERS VISUAL OPINION

Yes No

- |   |             |             |
|---|-------------|-------------|
| 1. Is the Inmate Conscious ?  | <u>Yes</u>  | <u>    </u> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services ?  | <u>    </u> | <u>✓</u>    |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care ?  | <u>    </u> | <u>✓</u>    |
| 4. Any obvious fever, swollen lymphnodes, jaundice, or other evidence of infection which might spread through the institution ?                                   | <u>    </u> | <u>✓</u>    |
| 5. Is the skin in poor condition or show signs of vermin or rashes ?  | <u>    </u> | <u>✓</u>    |
| 6. Does the inmate appear to be under the influence of Alcohol, or Drugs ?  | <u>    </u> | <u>✓</u>    |
| 7. Are there any visible signs of Alcohol or Drug withdrawal ?<br>(Extreme perspiration, shakes, nausea, pinpoint pupils etc)                                     | <u>    </u> | <u>✓</u>    |
| 8. Is the inmate making any verbal threats to staff or other inmates ?  | <u>    </u> | <u>✓</u>    |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available ?                            | <u>    </u> | <u>✓</u>    |
| 10. Does the inmate have any obvious physical handicaps ?   | <u>    </u> | <u>✓</u>    |
| IF THE ANSWER IS YES TO ANY QUESTIONS FROM 2 to 10 ABOVE - SPECIFY WHY IN SECTION BELOW   |             |             |
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? <u>none</u> | <u>✓</u>    | <u>    </u> |
| 12. Are you on any special diet prescribed by a physician ?<br>(if yes - what type ? )  | <u>    </u> | <u>✓</u>    |
| 13. Do you have a history of venereal disease or abnormal discharge ?   | <u>    </u> | <u>✓</u>    |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness ?  | <u>    </u> | <u>✓</u>    |
| 15. Have you ever attempted suicide ?<br>(If yes - When ? _____ How ? _____)  | <u>    </u> | <u>✓</u>    |
| 16. Do you want to do any harm to yourself now ?  | <u>    </u> | <u>✓</u>    |

## CORRECTIONAL HEALTH CARE

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 11-26-90	TIME 11:15 AM	FACILITY LOF	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP _____ ORAL _____ RECTAL _____ RESP. _____ PULSE _____ B/P _____		RECHECK IF SYSTOLIC _____ <100 > 50		
NATURE OF INJURY OR ILLNESS 5 - "I've got glass in my arm. It's been there for 6 years."		ABRASION///	CONTUSION #	BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		LACERATION/ SUTURES		
PHYSICAL EXAMINATION 0 - Well-healed scar noted to rt & inner arm. No burning feeling in arm. No redness or swelling noted. No foreign object detected.				
A - embedded glass in arm?				
ORDERS, MEDICATION, etc.				
P - Instructed not a medical emergency. No sign sick call screening for possible appt. w/ Dr. Pendleton				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT See P above.				
RELEASE/TRANSFER DATE 11/26/90	TIME 11:15 AM	RELEASE/TRANSFERRED TO	<input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
NURSE'S SIGNATURE B. Hunt LPN	DATE 11-26-90	PHYSICIAN'S SIGNATURE	DATE 11/28/90	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) Gould, Jeffrey		AGE 27	DATE OF BIRTH 11/16/63	R/S WM AIS # 140977



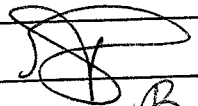




## PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
			12/12/90		Mellarin 100mg 12h + 6h X BID VMU B. Hunter 12-12-90
			1/15/91		Doxepin 100mg 12h + 6h X BID Dr. Mellarin VMU B. Hunter 1-15-91
			2/27/91		Doxepin 100mg Bid qm X BID VMU B. Hunter 2-27-91

## PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
11/27/90		Refused sk w/hammock	10/3/90		<p>Dr. Doregin  <del>Therapist</del>            Mallard 1004e            h.s. pm x 45d</p> <p>VW  B. Hunt 8            10-3-90</p>
			11/2/90		<p>Motrin 800 mg            1 Tab T.I.D. x            7 days            E.W. M. Doregin            VW            7/11/90 11-21-90</p>
			11/26/90		<p>Called Dr. Lyrene            OSA as per order by phone            T Motrin 800 mg            P.O. given for tooth            Pain. B. Doregin</p>

## PATIENT NOTES / PHYSICIAN ORDERS

DATE		TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
				7/18/90		- J/G Holland Heparin 50 gms Bed X 300  B. Hutter 7-18-90 11A JH
				7/30/90	3:05 PM	Warfarin 800 mg 1-2 g TID X 11 3 Days 200 Moddy 800 8-1-90 Lachner 10P
				8/22/90		- J/G Holland Dosepin 50 gms Bed X 450  B. Hutter 8-22-90 11A JH



PATIENT NOTES / PHYSICIAN ORDERS					
DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
9-20-93		I have migraine P- Medication A. Andrews RN I have calluses on my feet P- Treatment room A. Andrews RN	9-20-93		Midrin T tid X 15 days Soak & trim feet x T  A. Andrews RN
					E-1 NKDA

INMATE NAME (LAST, FIRST, MIDDLE) Gould, Gethers DATE OF BIRTH 11/16/63 AGE 29 R/S W/M ID# 140977

## PATIENT NOTES / PHYSICIAN ORDERS

PATIENT NOTES / PHYSICIAN ORDERS							
DATE	TIME	PATIENT NOTES	PHYSICIAN ORDERS				
11/24/92	6A	The release lab work collected + sent to lab C-Mokey LBN					
11/29/92	6A	Paroled C-Mokey LBN					
						RSHF	

INTRA-SYSTEM NURSING ASSES  
QUESTCARE, INC.

RECEIVED: Inmate/Health Record

Institution: REHFDate: 9/18/92 Time: \_\_\_\_\_ AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

IF FROM: Institution/Work Release Center

☐ Infirmary ☐ Segregation  
☐ Population ☐ Mental Health  
☐ Other \_\_\_\_\_

RELEASED: Inmate/Health Record

Institution: VenturaDate: 9-18-92 Time: \_\_\_\_\_ AM/PM

RELEASED FROM:

☐ Infirmary ☐ Segregation  
☐ Population ☐ Mental Health  
☐ Other \_\_\_\_\_

RELEASED TO:

☐ DOC ☐ Infirmary ☐ Mental Health  
☐ \_\_\_\_\_  
Institution/Work Release Center/Free-World Hospital

ALLERGIES:

Halidol - Neomycin  
after lunch + gtt

PHYSICAL EXAMINATION

Date of last exam: 6-1-90

☒ Initial ☐ Biannual ☐ Other

PPD Reading 0 mmClassification: ILimitations: 0

LAB RESULTS -- LAST REPORT

Date: 6-1-90  
CBC ☒ Normal ☐ Abnormal  
Urinalysis ☒ Normal ☐ Abnormal  
HIV ☒ Normal ☐ Abnormal

X-RAY RESULTS --

Date: NA  
Chest ☐ Normal ☐ Abnormal  
☐ \_\_\_\_\_ ☐ Normal ☐ Abnormal  
☐ \_\_\_\_\_ ☐ Normal ☐ Abnormal

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

Drug abuser - Cocaine  
Arthritis

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

none

MEDICATIONS: ☐ Sent w/inmate ☐ Not sent w/inmate  
X-RAY FILM: ☐ Sent w/inmate ☐ Not sent w/inmate  
HEALTH RECORD: ☐ Sent w/inmate ☐ Not sent w/inmate

Released to:

Signature of DOC Representative

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

MEDICATIONS: ☐ Received ☒ Not Received  
X-RAY FILM: ☐ Received ☒ Not Received  
HEALTH RECORD: ☒ Received ☐ Not Received

Received by:

Signature of CM Nurse

Date: 9/20/92 Time: \_\_\_\_\_ AM/PM

FOLLOW UP CARE ORDERED

☐ Medical ☐ Dental  
☐ Mental Health

NURSING ASSESSMENT

(Noted from health record documentation)

Diet	Regular	<input checked="" type="checkbox"/>	Elimination	Incontinent	<input type="checkbox"/>
	Low Salt	<input type="checkbox"/>		Bowel	<input type="checkbox"/>
	Salt Free	<input type="checkbox"/>		Bladder	<input type="checkbox"/>
	Diabetic	<input type="checkbox"/>		Colostomy	<input type="checkbox"/>

OTHER PERTINENT NURSING ASSESSMENT

(Noted from inmate assessment)

Skin	Bruises/Lac /Abrasions	<input checked="" type="checkbox"/>	Condition	Alert	<input type="checkbox"/>
	Occubitus	<input type="checkbox"/>		Oriented	<input type="checkbox"/>
	Edema	<input type="checkbox"/>		Uncooperative	<input type="checkbox"/>
	Warm & Dry	<input type="checkbox"/>		Depressed	<input type="checkbox"/>
	Cool & Moist	<input type="checkbox"/>			<input type="checkbox"/>

not seenDate: 9/20/92

Signature of Nurse Completing Assessment

PATIENT'S NAME (Last, First, Middle)

DATE OF BIRTH

RACE/SEX

AIS #

Donald, J. Jellars11-6-63W/M141977

[illegible]

59396

## PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
10/18/91		Ventress correction S. My eye is hurting and I want to go to a specialist. O. Eye release is needed. A. Eye injury P. Will go OK and refer to N.D. N. Henry RN	10/18/91	MAC	4 Triamil 2/25mg III HS X 2 mo Melloril 50mg I HS X 2 mo RTC 2 mo Maugher noted 10-18-91 MBenzyl for
10/23/91	3:50 PM	S. I need a profile for sunglasses. My eye are still giving me problems. D. Both eyes red & irritated A. Eye Problems P. To see Dr. Lyrene. V. Youngs N. Henry RN	10/23/91		TRIAVIL 2/25 ITT HS X 2 mos MELLARIL 50mg HS X 2 mos RTC 2 mos Jant noted 12-17-91 MBenzyl for
10/24/91		N5 to see OK. Lyrene N. Henry RN			
			2/18/92		① Reduce Triamil 2/25 by 1 tab qd @ HS until OK ② Reduce Melloril by 25mg @ HS qd until OK ③ RTC 1 Week W. Henry RN
			2/25/92		① No Pay Meds ② RTC 2 Weeks 2 months W. Henry RN
INMATE NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		AGE	R/S
V. Youngs		10/18/91		2	10/18/91



59396

## PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
10-8-91		Ventura Correction Facility			
10-8-91		10:30 AM S. "My eye still hurts and I came over yesterday The Nurse washed out my eye I think I still have a piece of metal in my eye. There's still seem to be a small object to the corner of outer Pupil. Eye injury I will send to Dr. Hartzog Office Mae F. Hartzog	10/8/91	11:30 AM	Dr. metallic fb. in R eye Removed + pressure patched. Leave patched 2 b hrs. Have pt return on 10/9/91 if symptoms persist. No medication necessary on eye. Tylenol OK for pain. Dr. Hartzog
10/16		Physician Orders R Eye: Post metallic fb removal. No evidence of another fb. However, there is a chemotic (cellergic) conjunctivitis. Possible sensitivity to medicine used on 10/8 or environmental substance. To use Spectro-CON II drops qid. D/C other drops in case of sensitivity. Return if edema + chemosis persists Dr. Hartzog	10/15/91		Eye - monked on the 10/15 - e. chemotic - conjunctivitis - A - Conjunctivitis P - Noxycycline Vision 50/40 X 100 - S. Hartzog Dr. Hartzog
					DATE OF BIRTH 11/16/63 AGE 27 SEX M ID# 40977

59396

## PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
4-5-91		Ventress Corrected S-4 twisting ankle approx 10 min ago 0-Scars to L foot from surgeries. Alignment good. No skin discoloration noted. No edema noted Dait a limp R foot soaked in warm H <sub>2</sub> O. Med Order rec'd C Stephens	4/30/91		Facility 4-5-91 2/25 yr H <sub>2</sub> S X 2 mo infection 50 yr H <sub>2</sub> S X 2 mo RTC 2 mo Mangar 4/30/91 noted p. 2nd yr
9-14		Imate 4/0 nausea and vomiting x 2 days has taken R Lek 5 Success. Orders Red' C Stephens	9-5-91		Motrin 600mg tid x 5 days P/O M <sup>o</sup> Dahan / C Stephens C Stephens W/M L/H
			9-14/91		Phenergan 12.5mg P.O. NOW P/O M <sup>o</sup> Dahan / C Stephens given W/M L/H C Stephens
10/7	4:30	per F/5 - M Benfield	10/7	4:30	Motrin 400 mg TID X 3 Tao drop eye TID X 3 M. M <sup>o</sup> Dahan / M Benfield 10-7-91 M Benfield
					DATE OF BIRTH 11/1/63 AGE 22 R/S W/M ID# 140977

59396

## PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
7-25-91	4P	Ventress corrected per F15 - m Benfield	7/25/91	4P	Facility Rylix 250mg QID x 10 d. Push fluids Zyloval 100 QID x 10 d. m Benfield Dr. McGee / m Benfield 7/25/91 m Benfield fever, coughing, sore throat chills, x to chest - clear CV - normal ABO - sorta normal no rashes, no mess BS - normal A - viral urine p - nodes As ordered Admit to inpatient
7/29/91	5:10P	Can I get my temp checked today? D. Temp 99 oral A. Wanted temp checked due to last was stay in infirmary & Temp P. Temp checked			7-25-91 m Benfield

DATE OF BIRTH

11/6/63

AGE

22

R/S

Wm

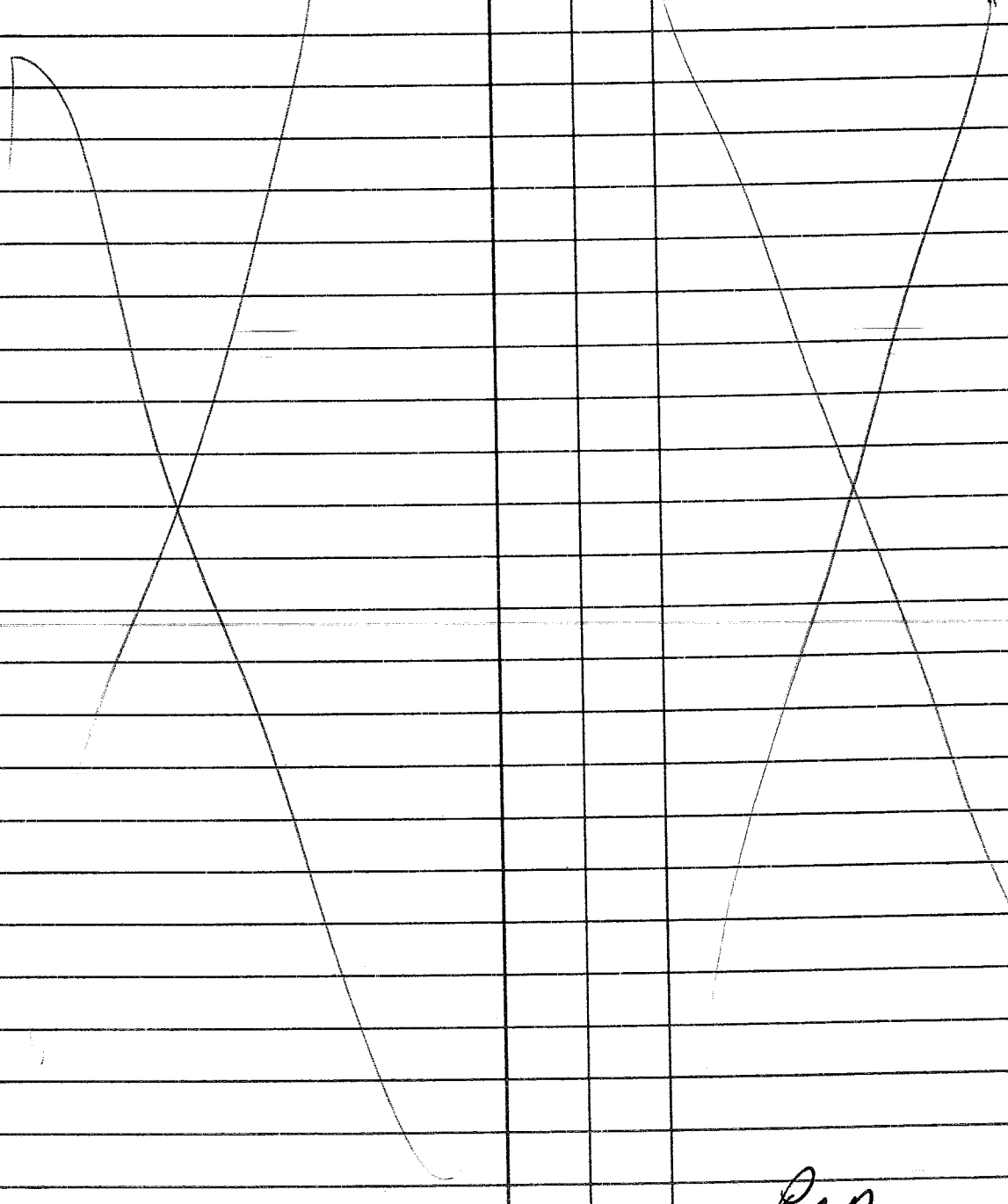
ID#

140977



PATIENT NOTES / PHYSICIAN ORDERS			
DATE	TIME	PATIENT NOTES	PHYSICIAN ORDERS
6/4/91		Rec'd @ Ventress	6/28/91 4 sinequan 100 mgm t h s prn x 7 mo A mellauf 100 mgm t h s prn x 2 mo RTC 2 mo Lynn Maughan
7-15-91		NSSL - M. D. Dwyer	6/28/91 4 sinequan 50 mgm t h s X 1 mo A mellauf 50 mgm t h s X 1 mo RTC 1 mo Lynn Maughan
7/19/91		S. I need to see the doctor. I've got a knot on the (R) side of my neck. It been there about 5 days. D. Slightly raised area noted on (R) side of neck. A neck Problem. P. To see M. D. yes eval. V. 2/2/91	7/19/91 No show to see MD D. I need to see the doctor. I've got a knot on the (R) side of my neck. It been there about 5 days. D. Slightly raised area noted on (R) side of neck. A neck Problem. P. To see M. D. yes eval. V. 2/2/91
7/19/91			7/19/91 D/c sinequan Triavil 2/25 mg t h s X 1 mo mellauf 50 mg t h s X 1 mo RTC 1 mo Lynn Maughan

## PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
6/20/90		<p>① Evaluated in MH per. Dr. <del>Julius</del> <u>MBurnett</u></p>	6/20/90		<p>1) D/C Liniguan, Elavil 2) Miltail 100hs x 30d 3) it was <u>MBurnett</u> - <u>CMJ</u></p>
					
INMATE NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		AGE	R/S
Gould, Jeffery		11/16/63		26	am
				Pop	ID# 140977

INMATE NAME (LAST, FIRST, MIDDLE)  
H. J. Kelly



CORRECTIONAL HEALTHCARE - ALABAMA  
INTRA SYSTEM NURSING ASSESSMENT

RECEIVED Inmate/Health Record

Institution: ECFDate: 4-15-91 Time: 1:15 AM/PM

RECEIVED FROM:

Institution Work Release Center/Free-World Hospital

RELEASED Inmate/Health Record

Institution: VenturesDate: 4-15-91 Time: 8:00 AM/PM

RELEASED FROM:

- ☐ Infirmary ☐ Segregation  
☒ Population ☐ Mental Health  
☐ Other \_\_\_\_\_

RELEASED TO:

- ☒ DOC ☐ Infirmary ☐ Mental Health  
☐ \_\_\_\_\_

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

None Haldol

PHYSICAL EXAMINATION

Date of last exam: 6-1-90

- ☒ Initial ☐ Biannual ☐ Other

PPD Reading 0 mmClassification: I

Limitations: \_\_\_\_\_

IF FROM: Institution/Work Release Center

- ☐ Infirmary ☐ Segregation  
☐ Population ☐ Mental Health  
☐ Other \_\_\_\_\_

LAB RESULTS -- LAST REPORT

	Date	Normal	Abnormal
CBC	<u>6-1-90</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<u>6-1-90</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>HIV</u>	<u>6-1-90</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

X-RAY RESULTS -- LAST REPORT

	Date	Normal	Abnormal
Chest	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

Serequan 100 mgMEDICATIONS: ☐ Sent w/inmate ☐ Not sent w/inmateX-RAY FILM: ☐ Sent w/inmate ☐ Not sent w/inmateHEALTH RECORD: ☒ Sent w/inmate ☐ Not sent w/inmate

Released to:

Signature of DOC Representative

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

MEDICATIONS: ☐ Received ☐ Not ReceivedX-RAY FILM: ☐ Received ☐ Not ReceivedHEALTH RECORD: ☒ Received ☐ Not Received

Received by:

Signature of CMS Nurse

Date: 4-15-91 Time: 1:30 AM/PM

FOLLOW-UP CARE ORDERED

- ☐ Medical ☐ Dental  
☐ Mental Health

Date Time With Whom -- Location Specialty

NURSING ASSESSMENT

(Noted from health record documentation)

Diet	Regular	Elimination	Incontinent	
	Low Salt		Bowel	
	Salt Free		Bladder	
	Diabetic		Colostomy	

(Noted from inmate assessment)

Skin	Bruises/Lac./Abrasions	Condition	Alert	
	Occubitus		Oriented	
	Edema		Uncooperative	
	Warm & Dry		Depressed	
	Cool & Moist			

OTHER PERTINENT NURSING ASSESSMENT

not seen via nurseDate: 4-15-91Cwestenberg RN  
Signature of Nurse Completing Assessment

PATIENT'S NAME (Last, First Middle)

Hould Jeffrey

DATE OF BIRTH

11-6-63

RACE/SEX

W/M

AIS #

140977

INHA-SYSTEM NURSING ASSESSMENT  
CORRECTIONAL HEALTH CARE ALABAMA

RECEIVED: Inmate/Health Record

Institution: Ventress  
Date: 6/4/91 Time: 1:30 AM/PM  
RECEIVED FROM:  
Institution/Work Release Center/Free-World Hospital  
ECF

IF FROM: Institution/Work Release Center  
☐ Infirmary ☐ Segregation  
☒ Population ☐ Mental Health  
☐ Other

RELEASED: Inmate/Health Record

Institution: Easterbrook  
Date: 5/6/91 Time: 6 AM/PM  
RELEASED FROM:

☐ Infirmary ☐ Segregation  
☒ Population ☐ Mental Health  
☐ Other

RELEASED TO:  
☒ DOC ☐ Infirmary ☐ Mental Health  
☐

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

Haidol

PHYSICAL EXAMINATION

Date of last exam: 6-1-90  
☒ Initial ☐ Biannual ☐ Other  
PPD Reading: -0- mm  
Classification: I  
Limitations:

LAB RESULTS -- LAST REPORT

CBC 2-90 ☒ Normal ☐ Abnormal  
Urinalysis 2-90 ☒ Normal ☐ Abnormal  
RPR HIV 6 ☒ Normal ☐ Abnormal

X-RAY RESULTS -- LAST REPORT

Chest ☐ Normal ☐ Abnormal  
☐ ☐ Normal ☐ Abnormal  
☐ ☐ Normal ☐ Abnormal

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

Hx eye problems; ↓ B/P; Kidney stones; Drug Addiction cocaine; alcoholism. operation to (L) ankle

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

5/31/91 Dinequan 100mg ÷ hs X 1mo.  
5/31/91 Mellaril 100mg ÷ hs X 1mo.

MEDICATIONS: ☐ Sent w/inmate ☒ Not sent w/inmate  
X-RAY FILM: ☐ Sent w/inmate ☒ Not sent w/inmate  
HEALTH RECORD: ☒ Sent w/inmate ☐ Not sent w/inmate

Released to:  
Signature of DOC Representative  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

MEDICATIONS: ☐ Received ☐ Not Received  
X-RAY FILM: ☐ Received ☐ Not Received  
HEALTH RECORD: ☒ Received ☐ Not Received

Received by: Richardson Jpn  
Signature of CMS Nurse  
Date: 6/4/91 Time: 6:15 AM/PM

FOLLOW-UP CARE ORDERED

☐ Medical ☐ Dental  
☒ Mental Health  
Date \_\_\_\_\_ Time \_\_\_\_\_ With Whom -- Location \_\_\_\_\_ Specialty \_\_\_\_\_  
Maughan

NURSING ASSESSMENT

(Noted from health record documentation)

Diet	Regular	Elimination	Incontinent	
	Low Salt		Bowel	
	Salt Free		Bladder	
	Diabetic		Colostomy	

OTHER PERTINENT NURSING ASSESSMENT

(Noted from inmate assessment)

Skin	Bruises/Lac /Abrasions	Condition	Alert	
	Occubitus		Oriented	
	Edema		Uncooperative	
	Warm & Dry		Depressed	
	Cool & Moist			

Not seen via nurse

Date: 6/4/91

PATIENT'S NAME (Last, First, Middle)

Gould, Jeffery

Richardson Jpn  
Signature of Nurse Completing Assessment

DATE OF BIRTH: 1-6-63 RACE/SEX: w/m A/S #: 140977

CORRECTIONAL MEDICAL SYSTEMS  
HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: 7-21-99  
ID #: 140977 Date of Birth: 11-6-63 Housing Location: A-3-14T  
Nature of problem or request: My Left ANKLE is Hurting ME constantly.  
AND I NEED Something for it. AND I have NO money

I consent to be treated by health staff for the condition described.

SIGNATURE Jeffery Gould

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*  
HEALTH CARE DOCUMENTATION

Subjective: (L) ankle

Objective: BP 130/70 P 78 R 20 T 98.6 Alert Ambulatory  
gait unsteady w/ swel reap c edge (L) ankle  
swollen tender painful to touch some discoloration  
noted

Assessment: Alteration in comfort

Plan:

X-RAY (L) ankle

Fuller

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: R. Hill-Smith Title: Lpn Date: 11/20/99 Time: 1130

NAME <u>Gould, Jeffery</u>	AIS# <u>140977</u>
DATE <u>05/05/99</u>	FACILITY _____
SIG. <u>EAR Irrigation to both ears x1</u>  Physician Signature: <u>[Signature]</u>	DISCONTINUE CONTINUE INCREASE DECREASE

*E. Ellip. Jr. 5/7/99 9:40 Am*

NAME _____	AIS# _____
DATE <u>5/5/</u>	FACILITY _____
SIG. <u>Dubovy in to Rear x 1</u>  Physician Signature: <u>[Signature]</u>	DISCONTINUE CONTINUE INCREASE DECREASE

*[Signature] 5/5/99*

NAME <u>Gould, Jeffery</u>	AIS# <u>140977</u>
DATE <u>3/8/99</u>	FACILITY <u>SLC</u>
SIG. <u>174 <del>appt</del> appt for "depression"</u> <u>2) - mirtazapine PO TID x 2 weeks</u> <u>3) - tylenol 650mg PO TID x 2 weeks</u> Physician Signature: <u>[Signature]</u>	DISCONTINUE CONTINUE INCREASE DECREASE

*3/8/99 12:30*

NAME <u>Gould, Jeffery</u>	AIS# <u>140977</u>
DATE <u>2/17/99</u>	FACILITY <u>SLC</u>
SIG. <u>lipid profile</u>  Physician Signature: <u>[Signature]</u>	DISCONTINUE CONTINUE INCREASE DECREASE

*2/17/99*

CORRECTIONAL MEDICAL SYSTEMS  
HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: Mon 28-99  
ID #: 140977 Date of Birth: 11 6 63 Housing Location: A314  
Nature of problem or request: I have A Terrable RASH I need  
SEEN About! Thank you.

I consent to be treated by health staff for the condition described.

Jeffery Gould  
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I got this bad rash that itches and  
stings. I believe it the water that I am bathing  
with. They gave me ~~Benduly~~ Benadryl for this  
in 97.

Objective: BP 110/60 P 74 R 18 T 97

Alert & Orient x3. Resp at ease. Rash noted to  
Chest, abd, and groin area & redness. No itching.  
3m eye bump & redness.

Assessment:

Alteration in skin integrity

Plan:

MD to review fact of  
Inmate education sheet given per

States does not  
have money on the  
books to cover the  
visit or to get  
medication.  
rw/ajm

Refer to: PA/Physician Mental Health Dental

Signature: [Signature]

Title: [Signature]

Date: 6/28/99

Time:

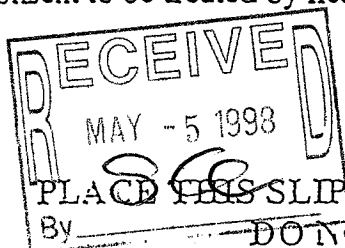
CORRECTIONAL MEDICAL SYSTEMS  
HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: 5-5-99

ID #: 140977 Date of Birth: 11-6-63 Housing Location: A-3-147

Nature of problem or request: my ears are killing me  
PLEASE HELP HELP HELP

I consent to be treated by health staff for the condition described



SIGNATURE

\*\*\*\*\*

HEALTH CARE DOCUMENTATION

Subjective: having pain c ears and @ foot pain need  
some medicine dont have any funds.

Objective: BP 118/66 P 102 R 16 T 99.0

large amount of wax noted to both ears unable to  
see eardrum

Assessment:

alteration in comfort.

Plan: Order for ear Irrigation  
Refer chart to M.D.

Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: LPN Date: 5/05/99 Time: 12:03 A.



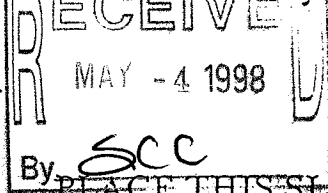
CORRECTIONAL MEDICAL SYSTEMS  
HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: 5-2-99

ID #: 140977 Date of Birth: 11 6 63 Housing Location: A-3-14T

Nature of problem or request: My left ear is stopped up  
AND PAINFUL. & my left ankle that I had surgery on  
in 1985 is causing me painful problems also on  
A daily bases also.

I consent to be treated by health staff for the condition described.



SIGNATURE [Signature]

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*

HEALTH CARE DOCUMENTATION

Subjective: My ears are stop up. Everytime I swallow my ears  
pop and I am having trouble hearing. I was in a car  
reck and broke my left ankle and now it has started staped  
body to hearing.

Objective: BP 108/60 P 73 R 20 T 98.1

Alert 3 Orient X3. Report loose Ammonia. 3 difficulty  
C/O pain to ankle. No redness or discoloration noted. Blockage  
of ear was noted to Rt ear. Left ear redness noted. No  
Assessment: Change. No distress

Plan: Attention in comfort.  
MD to review footset

OTC NSAIDS  
Kamo

Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: Ypr Date: 3/4/99 Time:

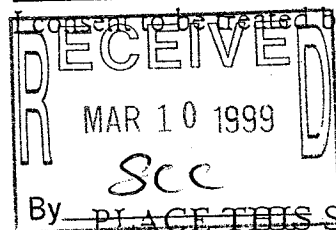
CORRECTIONAL MEDICAL SYSTEMS  
HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: 3-10-99

ID #: 140977 Date of Birth: 11663 Housing Location: B-1-4

Nature of problem or request: Need to see Doctor About  
Medication

I consent to be treated by health staff for the condition described.



Jeffery Gould  
SIGNATURE

By PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*

HEALTH CARE DOCUMENTATION

Subjective: "I Need my medication" The lady told see was  
going to give me my medication. I don't have no  
money for medication. The doctor had me on some psyc medication  
and she stop it"

Objective: BP 130/80 P 76 R 16 T 97.4  
Patient ambulated to sick call. No distress noted  
V/S WNL

Assessment: Alteration in comfort

Plan: Refer chart to MD

Refer to: PA/Physician Mental Health Dental

Signature: J. [unclear] LPN Title:  Date: 3-11-99 Time: 1:50 PM

See orders  
3/8

Kamm

## INMATE REQUEST SLIP

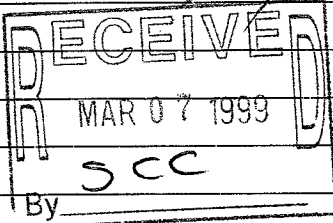
Name JEFFERY GOULD Quarters B-1-4 Date 3-6-99  
 AIS # 146977

( ) Telephone Call ( ) Custody Change ( ) Personal Problem  
 ( ) Special Visit ( ) Time Sheet (X) Other DOCTOR

Briefly Outline Your Request - Then Drop In Mail Box

I NEED TO SEE THE DOCTOR

About my MEDICATION



Thank  
you

Do Not Write Below This Line - For Reply Only

Approved

Denied

Pay Phone

Collect Call

Request Directed To: (Check One)

( ) Warden ( ) Deputy Warden ( ) Captain  
 ( ) Classification Supervisor ( ) Legal Officer - Notary ( ) Record Office  
 Public

# CORRECTIONAL MEDICAL SYS. EMS HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: 3-7-99

ID: 140977 Date of Birth: 11-6-63 Housing Location: B-1-4

Nature of problem or request: I NEED to HAVE MY  
MEDICATION REINSTATED

I consent to be treated by health staff for the condition described.

Jeffery Gould  
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA**

\*\*\*\*\*

## HEALTH CARE DOCUMENTATION

Subjective:

5" H/A, heartburn, depression, glasses, Have  
H/A about 7 day since car accident in '84

Objective:

BP 110/80 P 84 R 20 T 99.0 Points to temporal  
region as point of discomfort. On 20/30 0520/50 00/20/40  
States had glasses in p. States H/A more in AM.  
Points to epigastric region as point of heartburn discomfort.

Assessment:

States wakes up sometimes to heartburn. Sleep not  
re the depression medication. Already on eye list

Plan:

Does not have money in books to be able to acquire  
meds from store. Rx OK. Skin warm + dry to touch  
A. alteration in comfort  
P. to see MD

Refer to:

☒ PA/Physician ☐ Mental Health ☐ Dental

Signature:

N Worden Title: RN Date: 3/8/99 Time: 12:25

Worden

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE
	CONTINUE
	INCREASE
	DECREASE

NAME <u>Gould Jeffrey</u>	AIS# <u>140977</u>
DATE <u>2/4/99</u>	FACILITY <u>Station</u>
SIG. <ul style="list-style-type: none"> <li>① TSH, CBC, Ch - 20</li> <li>② Eye List</li> <li>③ Motn 607 P. Dio mv heerle x72</li> </ul> Physician Signature: <u>Myin Mw</u>	DISCONTINUE CONTINUE INCREASE DECREASE

NAME <u>Could, Jeffrey</u>	AIS# <u>140977</u>
DATE <u>2-2-99</u>	FACILITY <u>STETM</u>
SIG. <u>D/C Miguel</u> <u>Appt w/ MD for evaluation of</u> <u>headaches (no charge)</u>	<input checked="" type="checkbox"/> DISCONTINUE <input type="checkbox"/> CONTINUE <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE
Physician Signature: <u>Grunbaum MD</u>	

NAME	GOULD, JEFFREY	AIS#	140977
DATE	11/19/98	FACILITY	LDS Hospital
SIG.	DESYREL 150 mg HS X 120 D	DISCONTINUE	New man @ Station
		(CONTINUE)	
		INCREASE	No mgls sent
Physician Signature:	[Signature]	DECREASE	

CORRECTIONAL MEDICAL SYSTEMS  
HEALTH SERVICES REQUEST FORM

Print Name: Jeffery Gould Date of Request: 3-3-99

ID # 140977 Date of Birth: 11-6-63 Housing Location: B-1-4

Nature of problem or request: I need to HAVE MY HEADACHE  
& HEARTBURN MEDICATION RE APPED

I consent to be treated by health staff for the condition described.

SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*

HEALTH CARE DOCUMENTATION

Subjective: I need my med medication renewed for headache  
and heartburn

Objective: BP 110/60 P 74 R 28 T 97.7

Alert & Orient X3. Deepot ease. V/S WNL  
requesting meda renewed, no chstns.

Assessment:

Alteration in comfort.

Plan:

MD to review packet.

Refer to: PA/Physician Mental Health Dental

Signature: AJG Title: Yn Date: 3/4/99 Time:

dk TAB  
OTC meds!

RAMO



## HEALTH STATUS

## INTRASYSTEM TRANSFER FORM

Transferring  
Facility:

WDCF

Name:

Gould Jeffrey

Number:

140 977

Race: B ☒ W ☐ H ☐ Other

Age:

35

Date of Birth:

11/06/63

Sex: ☒ M ☐ F

Date: 12/22/98

Time: 1:15 AM PM

Allergies:

Haldol / Neomycin <sup>orally</sup>

Food Handler Approved: Y / N

Current Acute Conditions/Problems:

Chronic Conditions/ Problems:

Mental Health

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications:

Trayodone 150 mg q HS.

Chronic Long-term Medications:

Chronic Psychotropic Medications:

Atrium, Mellaril, Elavil

Current Treatments:

Trayodone 150 mg q HS /

Follow-up Care Needed:

Mental Health requires routine follow up.

Last PPD: 9/25/98

Results Neg. mms

Last Physical: 9/25/98

Chronic Clinics:

Specialty Referrals:

Significant Medical History:

Mental Health Problems requiring routine follow up.

Physical Disabilities/Limitations:

Assistive Devices/Prosthetics:

Glasses:

Contacts:

Mental Health History/Concerns:

Substance Abuse: ☒ Y ☐ NAlcohol: ☒ Y ☐ N

Hx Suicide Attempt: Date: 1/1/

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Drugs: ☒ Y ☐ N

Addiction to Nicotine also.

Signature and Title

Date: 12/22/98

## TRANSFER RECEPTION SCREENING

Date: 12/23/98 Time: 0035 AM PM

S: Current Complaint:

Current Medications/Treatment:

Atrium, Mellaril, Elavil  
Trayodone 150 mg q HS

O: Physical Appearance/Behavior:

Alopecia 650 B 6 Ache d/te.  
Cute Cooper

Deformities: Acute/Chronic:

T 87 P 78 R 78 B/P 113/86

A:

Roth clutch

Receiving  
Facility:

SCC

P: Disposition: (Instructions: Check or circle as appropriate)

☒ Routine, Sick Call☐ Instructions Given☐ Emergency Referral☐ HIV/TB Instruction Given☐ Physician Referral:☐ Urgent / Routine☐ Medication Evaluation☐ Work/Program Limitation☐ Special Housing☐ Specialty Referrals☐ Chronic Clinics☒ Mental Health☐ OTHER☐ Infirmary Placement

Other:

N A H

Signature and Title

NAME GOULD, JEFFREY AIS# 140977  
 DATE 10-14-98 FACILITY WIDCE  
 SIG. TRAZODONE 150mg DISCONTINUE  
QHS x 90 D CONTINUE  
 INCREASE  
 DECREASE  
 Physician Signature: [Signature]

NAME Gould, Jeffrey AIS# 140977  
 DATE 4-13-98 FACILITY WJCF  
 SIG. D/C to discharge DISCONTINUE  
Appx 100 lbs Ranbact CONTINUE  
 INCREASE  
 DECREASE  
 Physician Signature: [Signature]

NAME Gould Jeffrey AIS# \_\_\_\_\_  
 DATE 3/23/98 FACILITY \_\_\_\_\_  
 SIG. V-K 500mg Tid x 7 days DISCONTINUE  
600 mg Tid x 3 days CONTINUE  
If dose feels good stat INCREASE  
 DECREASE  
 Physician Signature: [Signature]

NAME Gould, Jeffrey AIS# 140977  
 DATE 3/5/98 FACILITY WNC-7  
 SIG. V-K 500mg Tid x 7 days DISCONTINUE  
 CONTINUE  
 INCREASE  
 DECREASE  
 Physician Signature: [Signature]

*Handwritten signature*

*Done 1/23/98 4:10 PM*

NAME <u>Gould, Jeffery</u>	AIS# <u>140977</u>
DATE <u>1/23/98</u>	FACILITY <u>WDCF</u>
SIG. <u>Datanax 50mg q HS x 90 days</u>	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: <u>Vo Williams / [Signature]</u>	DECREASE

*Ann Chian MD*

*Done 1/11/97 1:00 PM*

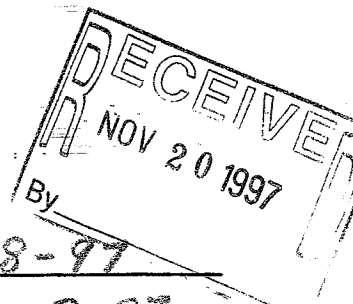
NAME <u>Gould, Jeffery</u>	AIS# <u>140977</u>
DATE <u>12-1-97</u>	FACILITY <u>WDCF</u>
SIG. <u>Kept on Datanax 50 mg q HS x 90 days</u>	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: <u>Ann Chian MD</u>	DECREASE

*3/1/97 1:00 PM*

NAME <u>Gould, Jeffery</u>	AIS# <u>140977</u> 317
DATE <u>1/2/97</u>	FACILITY <u>WDCF</u>
SIG. <u>1. Sudafed 60mg po BID x 10d</u>	DISCONTINUE
<u>2. Tylenol 400mg TID x 7d po</u>	CONTINUE
<u>3. Tylenol 400mg TID x 7d po</u>	INCREASE
Physician Signature: <u>[Signature]</u>	DECREASE

*1/3/97*

NAME <u>Gould, Jeffery</u>	AIS# <u>140977</u>
DATE <u>1/3/97</u>	FACILITY <u>WDCF</u>
SIG. <u>1. Cefm 800mg po BID x 10 days</u>	DISCONTINUE
<u>2. G-cefex 400mg po BID x 10 days</u>	CONTINUE
<u>3. Tylenol 400mg po TID x 7d po</u>	INCREASE
Physician Signature: <u>Vo Dr. [Signature]</u>	DECREASE

CORRECTIONAL MEDICAL SERVICES  
HEALTH SERVICES REQUEST FORMPrint Name: Jeffery Gould Date of Request: 11-18-97ID #: 140977 Date of Birth: 11 6 63 Housing Location: 3 87Nature of problem or request: MY SINUSSES ARE GIVING ME  
THE BLUES! IN AS MUCH AS HEADACHES AND  
BLEEDING SOME TIMES. I NEED TO SEE YOU  
DOCTOR!

I consent to be treated by health staff for the condition described.

SIGNATURE

Jeffery GouldPLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA\*\*\*\*\*  
HEALTH CARE DOCUMENTATION

*Added  
Osmen*

Subjective: "Chronic sinus/allergy problem. Pressure  
above + below eyes. Headache across forehead. Usually  
take Benadryl + ASA on the street. Could I get something  
Objective: BP 106/72 P 76 R 20 T 98.4 (2nd + 3rd yell call. "  
Skin warm + dry. Steady spit. "  
Rich supple. % tenderness on palpation below eyes.

Assessment:

34yr w/m % Chronic sinus Congestion / headache  
Plan:See MD orderRefer to: PA/Physician Mental Health DentalSignature: B. A. [Signature] Title: MD Date: 11/21/97 Time: 03:55

## INTRASYSTEM TRANSFER FORM

## HEALTH STATUS

Transferring Facility: K1169Date: 11/11/97  
Time: 5:55 AM ☒ PMAllergies: Haldol, Neomycin Oph. Anti, Hay fever

Current Acute Conditions/Problems: \_\_\_\_\_

Chronic Conditions/ Problems: \_\_\_\_\_

Name: Gould, JefferyNumber: 140977 Race: B ☒ W ☐ H ☐ OtherAge: \_\_\_\_\_ Date of Birth: 11/16/63 Sex ☒ M ☐ FFood Handler Approved: Y ☒ N ☐

Current Medications - Name, Dosage, Frequency, Duration: \_\_\_\_\_

Acute Short-term Medications: ØChronic Long-term Medications: ØChronic Psychotropic Medications: ØCurrent Treatments: Ø

Follow-up Care Needed: \_\_\_\_\_

Last PPD: 10/23/97 Results Ø mmsLast Physical: 10/23/97Chronic Clinics: ØSpecialty Referrals: Mental HealthSignificant Medical History: ? HTN - non compliant; Surgery (Ankle) 1986Physical Disabilities/Limitations: ØAssistive Devices/Prosthetics: ØGlasses: ØContacts: Ø

Mental Health History/Concerns:

Substance Abuse: ☒ Y ☐ NAlcohol: ☒ Y ☐ NDrugs: ☒ Y ☐ NØ Hx Suicide Attempt: Date:   /  /  Ø Hx Psychotropic MedicationØ Previous Psychiatric Hospitalizations

Signature and Title

Date: 11.07.97

## TRANSFER RECEPTION SCREENING

Date: 11/11/97 Time: 2:00 AM ☒ PM

S: Current Complaint: \_\_\_\_\_

Current Medications/Treatment: \_\_\_\_\_

O: Physical Appearance/Behavior: \_\_\_\_\_

Deformities: Acute/Chronic: \_\_\_\_\_

T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_/\_\_\_\_\_

A: \_\_\_\_\_

Receiving Facility: W DCF

P: Disposition: (Instructions: Check or circle as appropriate)

\_\_\_\_ Routine, Sick Call

\_\_\_\_ Instructions Given

\_\_\_\_ Emergency Referral

\_\_\_\_ HIV/TB Instruction Given

\_\_\_\_ Physician Referral:

\_\_\_\_ Urgent / Routine

\_\_\_\_ Medication Evaluation

\_\_\_\_ Work/Program Limitation

\_\_\_\_ Special Housing

\_\_\_\_ Specialty Referrals

\_\_\_\_ Chronic Clinics

\_\_\_\_ Mental Health

\_\_\_\_ OTHER

\_\_\_\_ Infirmary Placement

Other: \_\_\_\_\_

Signature and Title: D. Kimbrell RN

# **CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM**

Print Name: Jeffery Gould Date of Request: 11-4-97

ID #: 140977 Date of Birth: 11-6-63 Housing Location: G 69

Nature of problem or request: I AM Depressed AND HAVING H2Ad  
ACHES AND I NEED TO SEE MENTAL HEALTH

I consent to be treated by health staff for the condition described.

SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA**

\*\*\*\*\*

## **HEALTH CARE DOCUMENTATION**

Subjective:

Cold

Objective: BP

110/70 P 86 R 24 T 97.6

Lungs clear ? S/S

Assessment:

Cold Symptoms

Plan:

meds medication

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature:

mdc

Title:

md

Date:

11/6/97

Time:

0600



NAME _____	AMS# _____
DATE _____	FACILITY _____
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME _____	AMS# _____
DATE _____	FACILITY _____
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME _____	AMS# _____
DATE _____	FACILITY _____
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME <u>Gould Jeffery</u>	AMS# <u>140977</u>
DATE <u>10-23-97</u>	FACILITY <u>KCF</u>
SIG.	DISCONTINUE
① Eye clinic	CONTINUE
② mental Health. 10/24/97	INCREASE
Physician Signature: <u>Thompson</u>	DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: _____	DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: _____	DECREASE

NAME _____	AIS# _____
DATE _____	FACILITY _____
SIG. _____	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature: _____	DECREASE

NAME <u>Gould, Jeffrey</u>	AIS# <u>140977</u>
DATE <u>10/29/97</u> <u>AKA 3A &amp; 6p</u>	FACILITY <u>Kilby</u>
SIG. <u>1. A8y referral + depressed</u>	DISCONTINUE
<u>2. Motrin 600mg Bid x 5 days</u>	CONTINUE
	INCREASE
Physician Signature: <u>[Signature]</u>	DECREASE

CORRECTIONAL MEDICAL SERVICES  
HEALTH SERVICES REQUEST FORM

Print Name: JEFFERY GOULD Date of Request: 10-27-97  
ID #: 140977 Date of Birth: 11-6-63 Housing Location: M 97  
Nature of problem or request: to SEE MENTAL HEALTH  
DOCTOR!

I consent to be treated by health staff for the condition described.

Jeffery Gould  
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA  
DO NOT WRITE BELOW THIS AREA

\*\*\*\*\*

HEALTH CARE DOCUMENTATION

Subjective: see mental health/depressed  
ankle has pin in it, need something  
for it

Objective: BP 110/60 P 76 R 20 T 98 154/163  
States had pins put in "8", old were  
healed from Notul to Double, no swelling

Assessment: ankle pain

Plan: meds mobility

Refer to: PA/Physician Mental Health Dental

Signature: MBiles Title: MD Date: 10/29/97 Time: 0610

RECEIVED: Inmate/Health Record Institution: _____ Date: _____ Time: _____ AM/PM RECEIVED FROM: Institution Work Release Center/Free-World Hospital IF FROM: Institution/Work Release Center <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____		RELEASED: Inmate/Health Record Institution: <u>F.D. Y.C.</u> Date: <u>9/17/94</u> Time: <u>3:30</u> AM/PM RELEASED FROM: <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input checked="" type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ RELEASED TO: <input checked="" type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> <u>East Thomas W.R.</u> Institution/Work Release Center/Free-World Hospital		ALLERGIES: _____ PHYSICAL EXAMINATION Date of last exam: _____ <input type="checkbox"/> Initial <input type="checkbox"/> Biannual <input type="checkbox"/> Other PPD Reading _____ mm Classification: _____ Limitations: _____	
LAB RESULTS --- LAST REPORT Date _____ CBC _____ Urinalysis _____ Normal    Abnormal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X-RAY RESULTS --- LAST REPORT Date _____ Chest _____ Normal    Abnormal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS _____ _____ _____	

## CURRENT MEDICATION ---DOSAGE AND FREQUENCY

MEDICATIONS: ☐ Sent w/inmate    ☐ Not sent w/inmate  
 X-RAY FILM: ☐ Sent w/inmate    ☒ Not sent w/inmate  
 HEALTH RECORD: ☒ Sent w/inmate    ☐ Not sent w/inmate

Released to: \_\_\_\_\_  
 Signature of DOC Representative  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

MEDICATIONS: ☐ Received    ☐ Not Received  
 X-RAY FILM: ☐ Received    ☐ Not Received  
 HEALTH RECORD: ☐ Received    ☐ Not Received

Received by: \_\_\_\_\_  
 Signature of CMS Nurse  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

FOLLOW-UP CARE ORDERED	Date	Time	With Whom -- Location	Specialty
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Dental Health	_____	_____	_____	_____

## NURSING ASSESSMENT

(Noted from health record documentation)

Date	Time	Elimination	Incontinent	Bowel	Bladder	Colostomy
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(Noted from inmate assessment)

Skin	Bruises Lac. Abrasions	Occubitus	Edema	Warm & Dry	Cool & Moist	Alert	Oriented	Uncooperative	Depressed
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

OTHER PERTINENT NURSING ASSESSMENT

Signature of Nurse Completing Assessment

PATIENT NAME Last, First, Middle <u>Grault, Jeffery</u>	DATE OF BIRTH <u>11/16/63</u>	RACE SEX <u>W/M</u>	AIS # <u>140977</u>
--	----------------------------------	------------------------	------------------------

PATIENT NOTES / PHYSICIAN ORDERS			
DATE	TIME	VENT/RESS/PATIENT NOTES	PHYSICIAN ORDERS
11-17-93		SEE dwta R. read M. WEST, D.D.S.	11-17-93 Motrin 800mg ÷ tid x 10 days
			noted 11-17-93
11/23/93		" NO problems you can help me with - with that per!! O. M. Aht and oriented Inmate - non-compliant with orders of midline for 4/6 severe H/A pain - discussed becoming compliant with medications prescribed A. Here for HTN ccc. P. Will continue ccc. V/S BP (R arm) 110/74 (L arm) 119/78 P68 R-20 T-98.2 Wt-159 1/2 lbs A. HTN ccc c/o HTA. P. Will continue ccc → P	11/23/93 Midrin ÷ tid x 30 days Imperial 40mg Bid x 30 days S.O. SR. GUEST / P. Aht
			11/30/92







# DEPARTMENT OF CORRECTIONS

Inmate Name: David Jeffery  
 Inmate Number: 1409761

## Medication Administration Record

Month Dec Year 1993

Facility: Ventura

Allergies:

Location:

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	11-23-93	Medien-1 TID	5A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	11-23-93	X 300	11	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
	12-23-93	Dr. West	5P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
R.Ph.		Pharmacy Dispensed																																
	11-23-93	Indenal 4Dmg	5A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
	12-23-93	Dr. B ID X 300	5P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
R.Ph.		Pharmacy Dispensed																																
		Atorax 5Dmg																																
		@ HS	5P	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
R.Ph.		Pharmacy Dispensed																																
	12-15	Mohr's 60mg	5A																															
	12-15	Tid x 5 days	11A																															
R.Ph.		Pharmacy Dispensed																																
	12-29	Sansect N100																																
	12-29	5 Fac																																
R.Ph.		Pharmacy Dispensed																																
		Dr. West																																
R.Ph.		Pharmacy Dispensed																																

Signature

Initials

Signature

Initials

Signature

Initials

F-30-C

- PRN Medication and notes on Reverse Side -

David, Jeffery



# DEPARTMENT OF CORRECTIONS

Month Nov. Year 93

Facility: \_\_\_\_\_

## Medication Administration Record

Location: \_\_\_\_\_

Inmate Name: Gould, Jeffery  
 Inmate Number: 140977

Allergies: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
11-23-93		Machin: JTD x 30 days	5																																
12-23-93		Dr.	11																																
		Pharmacy Dispensed	3																																
11-23-93		Indoral 40mg BID x 30 days	5A																																
12-23-93		Dr.	5P																																
		Pharmacy Dispensed																																	
		Dr.																																	
R.Ph.		Pharmacy Dispensed																																	
		Dr.																																	
R.Ph.		Pharmacy Dispensed																																	
		Dr.																																	
R.Ph.		Pharmacy Dispensed																																	
		Dr.																																	
R.Ph.		Pharmacy Dispensed																																	

Signature	Initials	Signature	Initials	Signature	Initials
<u>Gould, Jeffery</u>	<u>MG</u>	<u>Dee p</u>	<u>Dee p</u>		
<u>J. Smith</u>	<u>JS</u>				

— PRN Medication and notes on Reverse Side —

# DEPARTMENT OF CORRECTIONS

Month Nov. Year 1993

Facility: VENUESS CORRECTIONAL FACILITY

Inmate Name: Gould, Jeffrey

Inmate Number: 140977

Allergies: \_\_\_\_\_

## Medication Administration Record

Location: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10-19-93		Atarax 50mg																																	
11-20-93		@ HS X 6 wks																																	
R.Ph.		Dr. Smith																																	
		Pharmacy Dispensed																																	
10-21-93		Midol 7 TID																																	
		X 30 days																																	
11-21-93		Dr. Huest																																	
R.Ph.		Pharmacy Dispensed																																	
10-21-93		Indinol 40mg																																	
		X 30 days																																	
11-21-93		Dr. Huest																																	
R.Ph.		Pharmacy Dispensed																																	
11/17		Motrin 800mg																																	
		TID X 10 days																																	
11/27		Dr. Huest																																	
R.Ph.		Pharmacy Dispensed																																	

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials
<u>Gould, Jeffrey</u>	<u>Dr</u>	<u>Smith</u>	<u>Dr</u>	<u>Smith</u>	<u>Dr</u>	<u>Smith</u>	<u>Dr</u>
<u>Smith</u>	<u>Dr</u>	<u>Smith</u>	<u>Dr</u>	<u>Smith</u>	<u>Dr</u>	<u>Smith</u>	<u>Dr</u>



# DEPARTMENT OF CORRECTIONS

Inmate Name: Donald, Gregory

Month Oct Year 93

Inmate Number: 140922

Facility: VC 7

## Medication Administration Record

Allergies: \_\_\_\_\_

Location: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
10-16		Benzadryl 25mg	SA																																
10-19		BID X 4 days	SP																																
R.Ph.		Pharmacy Dispensed																																	
10/19		Clearax 50mg																																	
11/30		Dr. Quest	SP																																
R.Ph.		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
10/30/19		BID X 4 days	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	1 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed																																	
10/30/19		Clearax 50mg	5 PM																																
R.Ph.		Dr. Quest																																	
10/30/19		Pharmacy Dispensed												</																					

Signature	Initials	Signature	Initials	Signature	Initials
<u>Gregory Donald</u>	<u>GD</u>	<u>Gregory Donald</u>	<u>GD</u>	<u>Gregory Donald</u>	<u>GD</u>
<u>Dr. Quest</u>	<u>DQ</u>	<u>Dr. Quest</u>	<u>DQ</u>	<u>Dr. Quest</u>	<u>DQ</u>
<u>Pharmacy</u>	<u>P</u>	<u>Pharmacy</u>	<u>P</u>	<u>Pharmacy</u>	<u>P</u>

# DEPARTMENT OF CORRECTIONS

Inmate Name: Could, Jeffery Month OCT Year 93

Inmate Number: 146977 Facility: KCT

Allergies: NKDA Location: \_\_\_\_\_

## Medication Administration Record

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
9-20	10-4	midoln + TID x 15	4A 9A 6P																																
		DiGuest																																	
		Pharmacy Dispensed																																	
10/21/93	11/1/93	Midein + TID x 30 days.	5AM 11AM 5PM																																
		Dr. Guest																																	
		Pharmacy Dispensed																																	
10/21/93	11/2/93	Interad long bid x 30 days.	5AM 5PM																																
		Dr. Guest																																	
		Pharmacy Dispensed																																	
		Dr.																																	
		Pharmacy Dispensed																																	
		Dr.																																	
		Pharmacy Dispensed																																	

Signature	Initials	Signature	Initials	Signature	Initials
<u>Dr. Guest</u>	<u>MG</u>	<u>G. Colon</u>	<u>CC</u>	<u>Dr. Guest</u>	<u>MG</u>
<u>Pharmacy Dispensed</u>		<u>Pharmacy Dispensed</u>		<u>Pharmacy Dispensed</u>	
<u>Dr. Guest</u>		<u>Dr. Guest</u>		<u>Dr. Guest</u>	
<u>Pharmacy Dispensed</u>		<u>Pharmacy Dispensed</u>		<u>Pharmacy Dispensed</u>	

Month September Year 1993

KCF

4

# Medication Administration Record

12

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

[illegible][illegible]



# DEPARTMENT OF CORRECTIONS

Month Feb Year 1992

Facility: Menard

## Medication Administration Record

Location: \_\_\_\_\_

Inmate Name: Donald, Jeffrey

Inmate Number: 140 977

Allergies: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
1-17-91		Tranquil 2/25 1111 @ HS X 2 mo. Dr. Grant Pharmacy Dispensed	5p	XA	PS	B	A																									
1-17-91		Mellaril 50mg. @ HS X 2 mo. Dr. Grant Pharmacy Dispensed	5p	XA	P	R	R	A	P																							
2-18-92		Tranquil 2/25 1111 @ HS X 1 day Dr. Smith Pharmacy Dispensed	5pm																													
2-18-92		Tranquil 2/25 1111 @ HS X 1 day Dr. Smith Pharmacy Dispensed	5pm																													
2-18-92		Mellaril 25mg @ HS X 1 day Dr. Smith Pharmacy Dispensed	5pm																													

Signature	Initials	Signature	Initials	Signature	Initials
<u>Donald, Jeffrey</u>	<u>mb</u>	<u>B. Lee</u>	<u>bu</u>	<u>P. Smith</u>	<u>PS</u>
				<u>P. Smith</u>	<u>PS</u>

**CORRECTIONAL HEALTH CARE, INC.**  
Alabama Department of Corrections

Inmate Name: Harold, Jeffrey  
Inmate Number: 1409477

Month: Jan Year: 92  
Facility: Ventress

Medication Administration Record

Allergies:

Location:

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1-17-91		Orinavel 2x25 mg at hs x 2 months Dr. Grant Pharmacy Dispensed	550	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
2-17-91		Mullavil 50mg q HS x 2 months Dr. Grant Pharmacy Dispensed	550	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
2-17-92																																		
R.Ph.																																		
R.Ph.																																		
R.Ph.																																		
R.Ph.																																		
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Signature	Initials	Signature	Initials	Signature	Initials
<u>Harold, Jeffrey</u>	<u>MB</u>	<u>B. Lee</u>	<u>Lee</u>	<u>B. Lee</u>	<u>Lee</u>
<u>Harold, Jeffrey</u>	<u>MB</u>	<u>B. Lee</u>	<u>Lee</u>	<u>B. Lee</u>	<u>Lee</u>

— PRN Medication and notes on Reverse Side —

F-30-C  
Harold, Jeffrey 1409477



**CORRECTIONAL HEALTH CARE, INC.**  
Alabama Department of Corrections

Month Dec Year 1991

Facility: Ventress

Inmate Name: Gould, Jeffrey

Inmate Number: 140997

Medication Administration Record

Location: \_\_\_\_\_

Allergies: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
-18		Inail 7/25mg. C HS X 2mo. Dr. Maughan Pharmacy Dispensed	SP																																
2-18	Ph.																																		
3-18		Mellail 50mg. C HS X 2mo. Dr. Maughan Pharmacy Dispensed	SP																																
4-18	Ph.																																		
17-91		Inail 7/25mg. C HS X 2mo. Dr. Grant Pharmacy Dispensed	SP																																
17-91	Ph.																																		
17-91		Mellail 50mg. C HS X 2mo. Dr. Grant Pharmacy Dispensed	SP																																
17-92	Ph.																																		
																						</													

Signature	Initials	Signature	Initials	Signature	Initials
<u>Benfield Jr</u>	<u>MB</u>	<u>A. Lee Jr</u>	<u>BL</u>	<u>P. Anderson</u>	<u>PA</u>
<u>Dr. Maughan</u>	<u>MA</u>	<u>G. Smith Jr</u>	<u>GS</u>		
<u>Gould, Jeffrey</u>	<u>140997</u>				

PRN Medication and notes on Reverse Side -

**CORRECTIONAL HEALTH CARE, INC.**  
Alabama Department of Corrections

Month Nov. Year 1991

Facility: Venture

Medication Administration Record

Location: \_\_\_\_\_

Inmate Name: Gould, Jeffrey  
Inmate Number: 140977

Allergies: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0-18		Tricord 25mg 111 @ HS X 2mo	SP	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
2-18	Ph.	Dr. Mangle Pharmacy Dispensed																															
3-18		metolind 50mg. 1 @ HS X 2mo.	SP	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
2-18	Ph.	Dr. Mangle Pharmacy Dispensed																															
		Dr.																															
	Ph.	Pharmacy Dispensed																															
		Dr.																															
	Ph.	Pharmacy Dispensed																															
		Dr.																															
	Ph.	Pharmacy Dispensed																															

Signature	Initials	Signature	Initials	Signature	Initials
<u>Gould, Jeffrey</u>	<u>mb</u>	<u>B. Lee</u>	<u>BL</u>	<u>P. Anderson</u>	<u>PA</u>
<u>modulwaylon</u>	<u>in</u>	<u>P. Smith</u>	<u>PS</u>		

F-80-C  
Gould, Jeffrey 140977 - PRN Medication and notes on Reverse Side -

# Medication Administration Record

MAR 1 1977



**CORRECTIONAL HEALTH CARE, INC.**  
**Alabama Department of Corrections**

Month October Year 1991

Facility: Ventura

**Location:**

**CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED**

Inmate Name: Donald Jeffery  
Inmate Number: 140977

Inmate Number: 140977

**Allergies:**

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
10-15		Saramycin Oral 1000 qts x 10 days Dr. gld	5A 11A 5P 8P																																	
10-25		Pharmacy Dispensed																																		
10-11		Spectro-Cometh 0.1% Qid Dr. Maughan	5 11 5 9																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
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10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
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10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
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10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
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10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
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10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
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10-18		Dr. Maughan Pharmacy Dispensed	5P																																	
		Pharmacy Dispensed																																		
10-18		Dr. Maughan Pharmacy Dispensed	5P																				</													

Signature	Initials	Signature	Initials	Signature	Initials
MBenefield Jr	MB	B LeDger	BL	Richardson Spm	RR
James S. 1000	JS				

F-30-C Gould Jeffery 140977 MAR-16 of 45  
 — PBN Medication and notes on Reverse Side

# **CORRECTIONAL HEALTH CARE, INC.** Alabama Department of Corrections

Month Sept. Year 1991

Facility: Ventures

## Medication Administration Record

Location: \_\_\_\_\_

Inmate Name: Gould, Jeffrey

Inmate Number: 140977

Allergies: NKDA

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8/30/91	9/30/91	Triail 2/25- ii @ 11:55 pm	SP																																
8/30/91	9/30/91	Di.																																	
8/30/91	9/30/91	Pharmacy Dispensed																																	
8/30/91	9/30/91	Mellairil 50mg @ HS x 2 mos.	SP																																
8/30/91	9/30/91	Di.																																	
8/30/91	9/30/91	Pharmacy Dispensed																																	
8/30/91	9/30/91	Mellairil 600mg tid x 5 days	SA 11A SP																																
8/30/91	9/30/91	Di.																																	
8/30/91	9/30/91	Pharmacy Dispensed																																	
8/30/91	9/30/91	Aspirin 3000 mg Tid x 3 days	SA R 11 N 5																																
8/30/91	9/30/91	Di.																																	
8/30/91	9/30/91	Pharmacy Dispensed																																	
8/30/91	9/30/91	Di.																																	
8/30/91	9/30/91	Pharmacy Dispensed																																	

Signature	Initials	Signature	Initials	Signature	Initials
<u>McBride Jr</u>	<u>MS</u>	<u>McBride Jr</u>	<u>MS</u>	<u>Lee Jr</u>	<u>BL</u>
				<u>J. Ford</u>	<u>RA</u>

— PRN Medication and notes on Reverse Side —

8-30-C  
Gould, Jeffrey



# CORRECTIONAL HEALTH CARE, INC.

Alabama Department of Corrections

Month August Year 1991

Facility: Ventress

## Medication Administration Record

Location: \_\_\_\_\_

Inmate Name: Gould, Jeffrey

Inmate Number: 140977

Allergies: NKDP

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

start	top	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
25-91		Keflex 250mg	5	A	A	A	A	A																										
11-91		gid x10d	11	A	A	A	A	A																										
11-91		Dr.	5	A	A	A	A	A																										
11-91		Pharmacy Dispensed	9	A	A	A	A	A																										
11-91		Tylenol tabs it	5	A	A	A	A	A																										
11-91		gid x10days	11	A	A	A	A	A																										
11-91		Dr.	5	A	A	A	A	A																										
11-91		Pharmacy Dispensed	9	A	A	A	A	A																										
12-91	9	Ticlid 2/25	5p	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
12-91	10	+ Q5pm																																
12-91	10	Dr.																																
12-91	10	Pharmacy Dispensed																																
12-91	10	Mellin 50mg	5p	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
12-91	10	@ HS x 2 months																																
12-91	10	Dr.																																
12-91	10	Pharmacy Dispensed																																
12-91	10	TRIVOL 2/25-1/1 HS	5pm																															
12-91	10	X 2 mos.																																
12-91	10	Dr. meacham																																
12-91	10	Pharmacy Dispensed																																

Signature	Initials	Signature	Initials	Signature	Initials
<u>MB</u>	<u>MB</u>	<u>B. Lee</u>	<u>B. Lee</u>	<u>D. J. Lee</u>	<u>D. J. Lee</u>
<u>MB</u>	<u>MB</u>	<u>B. Lee</u>	<u>B. Lee</u>	<u>D. J. Lee</u>	<u>D. J. Lee</u>

— PRN Medication and notes on Reverse Side —

F-30-C

Gould, Jeffrey

# CORRECTIONAL HEALTH CARE, INC.

## Alabama Department of Corrections

Month July Year 1991Facility: Ventures

## Medication Administration Record

Location: \_\_\_\_\_

Inmate Name: Donald JefferyInmate Number: 140977Allergies: NKDA

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	6/28	Sinequan 50mg ÷ hs x 1 mo. Dr. Marchan	SP																															
R.Ph.	7/28	Pharmacy Dispensed																																
	6/28	Mellairil 50mg ÷ hs x 1 mo. Dr. Marchan	SP																															
R.Ph.	7/28	Pharmacy Dispensed																																
	7/19/91	Lianid 2/25 tab ÷ 5pm Pharmacy Dispensed	SP																															
R.Ph.	7/19/91	Pharmacy Dispensed																																
	7/19/91	Mellairil 50mg ÷ hs x 1 mo Dr. Marchan	SP																															
R.Ph.	8/19/91	Pharmacy Dispensed																																
R.Ph.		Dr.																																
		Pharmacy Dispensed																																

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials
<u>Dr. Marchan</u>	<u>ms</u>	<u>Mar. Marchan</u>	<u>MM</u>	<u>Dr. Marchan</u>	<u>MM</u>	<u>Dr. Marchan</u>	<u>MM</u>
<u>Pharmacy</u>	<u>ms</u>	<u>Pharmacy</u>	<u>ms</u>	<u>Pharmacy</u>	<u>ms</u>	<u>Pharmacy</u>	<u>ms</u>
<u>Dr. Marchan</u>	<u>ms</u>	<u>Dr. Marchan</u>	<u>ms</u>	<u>Dr. Marchan</u>	<u>ms</u>	<u>Dr. Marchan</u>	<u>ms</u>

- PRN Medication and notes on Reverse Side -

F-30-C

Donald Jeffery

# **CORRECTIONAL HEALTH CARE, INC.** Alabama Department of Corrections

## Medication Administration Record

Month July Year 1991

Facility Venture

Location: \_\_\_\_\_

Inmate Name: Gould, Jeffery

Inmate Number: 140997

Allergies: NKA

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
7-25-91		Kelex 250mg QID X 10 days	SA 11A SP 9P																																
7-24-91		Dr. McVale																																	
R.Ph.		Pharmacy Dispensed																																	
7-25-91		Kelex 250mg QID X 10 days	SA 11A SP 9P																																
7-24-91		Dr. McVale																																	
R.Ph.		Pharmacy Dispensed																																	
		Dr.																																	
R.Ph.		Pharmacy Dispensed																																	
		Dr.																																	
R.Ph.		Pharmacy Dispensed																																	
		Dr.																																	
R.Ph.		Pharmacy Dispensed																																	

Signature	Initials	Signature	Initials	Signature	Initials
<u>Jeffery Gould</u>	<u>ms</u>	<u>McVale</u>	<u>ms</u>	<u>Jeffery Gould</u>	<u>ms</u>

PRN Medication and notes on Reverse Side --

7-30-C  
Gould, Jeffery



# Medication Administration Record

Facility: ECF

**Location:** \_\_\_\_\_

Allergies: NKDA

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

[illegible]

Signature	Initials	Signature	Initials	Signature	Initials
A. Pittman Jnr	AP	B. Lee Jnr	BL		
<del>W. Pittman Jnr</del> M. Pittman Jnr	WP MP	M. Pittman Jnr	MP	P. Pittman Jnr	PP

- PRN Medication and notes on Reverse Side -

F-304C Dault, Jeffery

# **CORRECTIONAL HEALTH CARE, INC.** Alabama Department of Corrections

Month May Year 1991

Facility: Easterling

Inmate Name: Gould, Jeffery

Inmate Number: 140977 Medication Administration Record

Allergies: NKDA

Location: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	29-91	Doxepin 100mg po bid x 2 mos	5a	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	29-91	Dr. McGahan	5p	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
.Ph.		Pharmacy Dispensed																																
.Ph.		Dr.																																
.Ph.		Pharmacy Dispensed																																
.Ph.		Dr.																																
.Ph.		Pharmacy Dispensed																																
.Ph.		Dr.																																
.Ph.		Pharmacy Dispensed																																
.Ph.		Dr.																																
.Ph.		Pharmacy Dispensed																																

Signature	Initials	Signature	Initials	Signature	Initials
<u>J. J. LON</u>	<u>JJ</u>	<u>Dr. McGahan</u>	<u>DM</u>	<u>Dr. McGahan</u>	<u>DM</u>
<u>Dr. McGahan</u>	<u>DM</u>	<u>Dr. McGahan</u>	<u>DM</u>	<u>Dr. McGahan</u>	<u>DM</u>

— PRN Medication and notes on Reverse Side —

F-30-C

Gould, Jeffery



— PRN Medication and notes on Reverse Side —

**CORRECTIONAL HEALTH CARE, INC.**  
Alabama Department of Corrections

Medication Administration Record

Inmate Name: Gould, Jeffrey

Inmate Number: 140977

Allergies: NKA

Month Jan Year 1991

Facility: LCF

Location:

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Mellaril 100mg, 8 120 + 60 x Dr. Kramer	120 60P																															
		Pharmacy Dispensed																																
		Doxepin 100mg, 8 120 + 60 x 30d, Dr. Kramer	120 60P																															
		Pharmacy Dispensed																																
		Dr.																																
		Pharmacy Dispensed																																
		Dr.																																
		Pharmacy Dispensed																																
		Dr.																																
		Pharmacy Dispensed																																
		Dr.																																
		Pharmacy Dispensed																																
		Dr.																																
		Pharmacy Dispensed																																

Signature	Initials	Signature	Initials	Signature	Initials
		<u>Dean</u>	<u>SW</u>	<u>M. Kramer</u>	<u>MC</u>
				<u>M. Kramer</u>	<u>MC</u>
				<u>J. Shannon</u>	<u>dr</u>

PRN Medication and notes on Reverse Side --

F-30-C

**Gould, Jeffrey**

**CORRECTIONAL HEALTH CARE, INC.**  
Alabama Department of Corrections

Month Dec Year 90  
Limestone Correctional Facility  
Facility: Health Care Unit

Medication Administration Record

Inmate Name: Goold, Jeffrey  
Inmate Number: 140977

Allergies: NKA

Location: \_\_\_\_\_

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1-17-90		Mellavil 100mg	6PM																															
2-17-90		Dr. Kramer Pharmacy Dispensed																																
2-12		Mellavil 100mg 8 12N + 6P X	12N 6P																															
1-12-91		Dr. Kramer Pharmacy Dispensed																																
3-Ph.																																		
3-Ph.																																		
3-Ph.																																		
3-Ph.																																		
3-Ph.																																		
3-Ph.																																		

Signature	Initials	Signature	Initials	Signature	Initials
<u>Jeffrey Goold</u>	<u>MG</u>	<u>Dr. Kramer</u>	<u>DK</u>	<u>Dr. Kramer</u>	<u>DK</u>
<u>Dr. Kramer</u>	<u>DK</u>	<u>Dr. Kramer</u>	<u>DK</u>	<u>Dr. Kramer</u>	<u>DK</u>
<u>Dr. Kramer</u>	<u>DK</u>	<u>Dr. Kramer</u>	<u>DK</u>	<u>Dr. Kramer</u>	<u>DK</u>

— PRN Medication and notes on Reverse Side —

**Goold, Jeffrey**



**CORRECTIONAL HEALTH CARE, INC.**  
Alabama Department of Corrections

Month Nov. Year 1990

Facility: LCC

Medication Administration Record

Location: \_\_\_\_\_

Inmate Name: Ward, Jeffrey

Inmate Number: 140977

Allergies: NKA

CODE: A = ABSENT; R = REFUSED; X = DISCONTINUED

Start	Stop	Medication	Times	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
		Mellaril 100mg.	6P																														
		ghs x 30 days																															
		PRN																															
		Pharmacy Dispensed																															
		Motrin 800mg	5A																														
		TID x 4 days	12P																														
		6P																															
		Pharmacy Dispensed																															
		Motrin 800mg	5A																														
		X 1 day as per																															
		Dr. Ryckne																															
		Pharmacy Dispensed																															
		Dr.																															
		Pharmacy Dispensed																															
		Dr.																															
		Pharmacy Dispensed																															

Signature	Initials	Signature	Initials	Signature	Initials
<u>Dr. Ryckne</u>	<u>NR</u>	<u>R. Schenck</u>	<u>RS</u>	<u>McLain</u>	<u>ML</u>
<u>Dr. Ryckne</u>	<u>NR</u>	<u>R. Schenck</u>	<u>RS</u>	<u>McLain</u>	<u>ML</u>
<u>Dr. Ryckne</u>	<u>NR</u>	<u>R. Schenck</u>	<u>RS</u>	<u>McLain</u>	<u>ML</u>

— PRN Medication and notes on Reverse Side —

MONDAY Oct 9d

DATE	MEDICATIONS	STOP DATE	HOUR
11-17	Waxepin 50mg. BID x 30 days		5A
11-17	meclizine 100mg. qhs x 45 days	P RN	6P

Donald Jeffries

PHYSICIAN #:

W. Porter  
Manning  
L. Dean

NH MK 62

de oxigen  
Walter RPN  
Shannon

de



PHARMACARE, INC. MEDICATION ADMINISTRATION RECORD (MAR)

MONTH: Sept 90

STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
5A	5A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
6P	6P	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

Doxepin 50mg Bid x 15 day

Limestone Correctional Facility  
 NAME: Health Care Unit  
 140977 SECTION: ROOM #:  
 ALLERGY: NKA  
 NAME: Lyrene/Kramer  
 NAME: David Jeffrey

NURSE'S SIGNATURE  
 T. Watson  
 Doreen White  
 M. Hanning

NURSE'S SIGNATURE  
 W. Carter  
 J. Cox  
 J. Kramer  
 J. Smith

INITIAL  
 WC  
 JC  
 JK  
 JS

PHYSICIAN #:





PHARMACARE, INC. MEDICATION ADMINISTRATION RECORD (MAR)

MONTH July 90

STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Medications																															
	lorazepam 100mg. 2hs x 30 days																															
	lorazepam 50mg BID x 30 days																															

Limestone Correctional Facility  
 Health Care Unit  
 ITY NAME: \_\_\_\_\_  
 NT #: 140997 SECTION: \_\_\_\_\_ ROOM #: \_\_\_\_\_  
 VOS/ALLERGY: NKA  
 ICIAN NAME: Lynne/Graner  
 NT NAME: David, Jeffery  
 PHYSICIAN #: \_\_\_\_\_

NURSE'S SIGNATURE	INITIAL	NURSE'S SIGNATURE	INITIAL	INITIAL
Clark	bc	Shurtz, Jan	JS	BU
Shurtz, Jan	JS	W Carter	WC	we
W Carter	WC	Sharma	SS	de
Sharma	SS	Rehbein	RR	RR